DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1961

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.,
Principal School Medical Officer.

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A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1961, its membership was as follows :—

Representing the County Health Committee :
ALD. MRS. E. HARRISON (*Chairman*)
ALD. MRS. D. M. SUTTON
ALD. T. W. WARDLEY
COUN. N. B. BANKS

Representing the Education Committee :
ALD. MRS. G. BUXTON
ALD. MRS. O. EDEN
ALD. F. A. GENT
ALD. J. B. HANCOCK

ANNUAL REPORT

of the PRINCIPAL SCHOOL MEDICAL OFFICER on the Health and Well-being of School Children for the Year ended 31st December, 1961.

To the Chairman and Members of the Derbyshire Education Committee.

Ladies and Gentlemen,

I have the honour to present my eighteenth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Authority.

Generally speaking, I think it can be fairly said that the health and well-being of Derbyshire children has been satisfactory during the year under review.

Smoking and Health.

The following is an excerpt from the Royal College of Physicians' own summary of its Report on "Smoking in Relation to Cancer of the Lung and other Diseases" :—

"*Conclusions*

The benefits of smoking are almost entirely psychological and social. It may help some people to avoid obesity. There is no reason to suppose that smoking prevents neurosis.

Cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease and various other less common diseases. It delays healing of gastric and duodenal ulcers. The risks of smoking to the individual are calculated from death rates in relation to smoking habits among British doctors. The chance of dying in the next ten years for a man aged 35 who is a heavy cigarette smoker is 1 in 23, whereas the risk for a non-smoker is only 1 in 90. Only 15% (one in six) of men of this age who are non-smokers but 33% (one in three) of heavy smokers will die before the age of 65. Not all this difference in expectation of life is attributable to smoking.

The number of deaths caused by diseases associated with smoking is large.

Need for Preventive Measures.—Reduction in general air pollution should reduce the risks of cigarette smoking, but it is necessary for the health of the people in Britain that any measures that are practicable and likely to produce beneficial changes in smoking habits shall be taken promptly.

Preventive Measures

Since it is not yet possible to identify those individuals who will be harmed by smoking, preventive measures must be generally applied.

The harmful effects of cigarette smoking might be reduced by efficient filters, by using modified tobaccos, by leaving longer cigarette stubs, or by changing from cigarette to pipe or cigar smoking.

General discouragement of smoking, particularly by young people, is necessary. More effort needs to be expended on discovering the most effective means of dissuading children from starting the smoking habit. There can be no doubt of our responsibility for protecting future generations from developing the dependence on cigarette smoking that is so widespread to-day.

Most adults have heard of the risks of cigarette smoking but remain unconvinced. Doctors, who see the consequences of the habit, have reduced their cigarette consumption. Some evidence of concern by the Government is needed to convince the public. The Government have so far only asked local health authorities to carry out health education in respect of smoking, but little seems to have been achieved. The Central Council for Health Education and Local Authorities spent less than £5,000 on anti-smoking education in 1956-60, while the Tobacco Manufacturers spent £38m. on advertising their goods during this period.

Possible Action by the Government

Decisive steps should be taken by the Government to curb the present rising consumption of tobacco, and especially of cigarettes. This action could be taken along the following lines :—

(1) more education of the public and especially school-children concerning the hazards of smoking;

(2) more effective restrictions on the sale of tobacco to children;

(3) restriction of tobacco advertising;

(4) wider restriction of smoking in public places;

(5) an increase of tax on cigarettes, perhaps with adjustment of the tax on pipe and cigar tobaccos;

(6) informing purchasers of the tar and nicotine content of the smoke of cigarettes;

(7) investigating the value of anti-smoking clinics to help those who find difficulty in giving up smoking.

Doctors and Their Patients

There are good medical grounds for advising patients with bronchitis, peptic ulcer, or arterial diseases to stop smoking. Even a smoker's cough may be an indication that the habit should be given up. Doctors are better able to help their patients to stop smoking if they do not smoke themselves. They have a special responsibility for public education about the dangers of smoking."

As I see it, the people of this country lay great store on the liberty of the subject, which means that there should be a minimum of control by other people. If, therefore, we rely on self-control, we are more likely to accomplish it if it is based on real knowledge. It strikes me, therefore, that every step should be taken to make sure that the general public are aware of the Royal College of Physicians' findings.

If we are to persuade people to take the right action, it is helped a great deal by example, particularly by parents, teachers, doctors, and well-known personalities, who appear on the cinema and television screens, not to mention Members of Parliament and County, Borough and District Councillors!

Local Health and Education Authorities have a responsibility in the field of Health Education, and I feel that they should provide films, posters and lectures wherever an opportunity presents itself. While Local Government has a responsibility and a contribution to make, it would be foolish to restrict it only to that field. In my view it needs to be dealt with nationally as well as locally.

I think that Health Education is a continuous process and should embrace all fields of health. From time to time, "smoking and health" should appear as a topic, but not too frequently, otherwise it might stimulate a resistence in the person to whom it is directed. Put another way, particularly as far as smoking is concerned, it should be presented in an insidious and subtle manner rather than a full scale mass propaganda drive.

"Mr. Powell supports L.A. Health Services"

From time to time the need for the continuation of the School Health Service has been questioned. In this connection the following report that appeared in "*The Medical Officer*" on 27th April 1962 has some relevance :—

"The Minister of Health, Mr. Enoch Powell, regards local health authorities' services for mothers, infants, and school children as here to stay. He made this clear in a speech when opening a new central clinic at Dudley on 6th April.

'In the field of health and welfare the local authorities have always been pioneering—with voluntary effort often scouting on ahead of them,' said the Minister. 'Indeed, one could say without much exaggeration that our local government system as we have it today was called into existence largely to meet the needs of health.'

It was perfectly true that since 1948 every single item of service which mothers, infants and school children would receive here is—'in theory, at any rate'—available elsewhere in the National Health Service, through the hospital service or the Executive Council services. Logically, therefore, some might argue that this provision has now been rendered superfluous. 'I believe that I am sometimes accused of being 'over-logical,' or sometimes just 'logical'—and 'logical' is a term of abuse in politics—but I must say I would regard such an argument as this as being, at best, outrageous **bad** logic,' declared Mr. Powell.

The reason was not so much that those other parts of the National Health Service are still far from having reached a point where they can afford to dispense with any reinforcement. It was that a close and continuous concern with the health and welfare of every child from conception to school-leaving was something that neither the hospital nor the Executive Council services were designed to develop, but something that is nevertheless indispensable. The treatment of sickness or injury as it arose was no substitute for prevention, for health education and training, for the early ascertainment of weaknesses or deficiencies—in short, for a positive approach to well-being. This was the function of the local authority, as health, welfare and education authority; and this was the function which the building Mr. Powell was opening was designed to serve. . . . . "

Personally, I agree with the comments made by the Minister of Health. Perhaps it will not be out of place in giving consideration to this matter if I quote from my Annual Report for 1953 :—

". . . . It has been suggested that since the operation of the National Health Service there is no need for the continuance of a separate School Health Service. I feel, however, that under existing legislation it is most important that it should continue roughly in its present form.

Ideally, a general medical practitioner should be responsible for giving medical advice for all the patients on his panel, whether they work at home, in industry, or at school, but there are many factors under existing legislation which make this desirable aim impracticable.

First of all, the present conditions of service of a general medical practitioner under Part IV of the National Health Service Act do not require him to perform school medical inspections of the pupils on his panel; (2) School Medical Officers have to undertake special training so that they can properly ascertain and certify certain handicapped pupils who are in need of special educational treatment. With the many demands on their professional time I am wondering whether general practioners would be able to do this satisfactorily. It would obviously not be in the interests of the children educationally or medically if there was any lowering of the standards of the school health service; (3) Although most general medical practitioners are careful in their ethical conduct, as long as there is a competitive element in the form of payment under Part IV of the National Health Service Act, opportunities may arise for possible professional conflict; (4) Certain medical practitioners are so hard-pressed by the demands of a proportion of the general public that

there is occasionally a tendency to refer patients to hospitals or clinics on the slightest pretext. How they could also undertake school medical inspections under these circumstances is difficult to envisage; (5) A pupil could be examined in a Doctor's surgery, at home, in a health centre, or at school. Apart from the fact that a large number of pupils are already assembled at school which results in an economical use of valuable medical time, examinations at school enable teachers to be consulted readily on the progress of the child, which is important medically as well as educationally; (6) The Education Act, 1944, places a duty on every local education authority to provide for the medical inspection at appropriate intervals of pupils in attendance at any school or county college maintained by them. There is no insistence on whole-time service, and, therefore, theoretically it would be possible to employ general medical practitioners on a sessional basis for this purpose. It is a moot point whether general medical practitioners in an area would prefer the pupils on their panels being examined at school medical inspections by one of their number, or by a whole-time school medical officer. As long as general practitioners are paid under Part IV of the National Health Service Act on a *per capita* basis, there is a competitive element in the payment : the general practitioner carrying out school medical inspections might attract patients from the other general practitioners in the area. It has to be admitted, however, that there is a measure of official and unofficial group practice going on at the present time which would tend to diminish this disadvantage; nevertheless, there would be no possibility of patients being attracted to other panel lists if school medical inspection was carried out by whole-time school medical officers; (7) At present patients do not consult a general medical practitioner as a rule unless they have symptoms, and in many instances symptoms do not arise unless disease has been established. The general practitioner makes a diagnosis and prescribes suitable treatment; in advising the patient he will give any necessary health education. The School Health Service, on the other hand, gives a great deal of health education and attempts to recognise the beginnings of disease : the pupils, whether they have symptoms or not, being medically examined. There is obviously no clear line of demarcation between (a) prevention (which includes health education); (b) diagnosis; and (c) treatment—they merge almost imperceptibly into one another. While the general practitioner may cover, at different times, (a), (b) and (c), the emphasis is rather on (b) and (c); whereas the School Health Service concentrates on (a) and (b).

For the reasons enumerated above, it seems that for the time being we shall have to continue with our present arrangements until the conditions of service of general medical practitioners provide for their being responsible for all aspects of medical care.

At the date of drafting this introductory letter a large number of the Members and Officers of the County Council are mourning the loss of Alderman F. A. Gent, which took place a week or two ago, who had been the Chairman of the Education Committee since 1946. In other words, he had occupied a most responsible position in the implementation of the Education Act of 1944, pretty well from its inauguration up to the present time. His intense interest in all matters affecting education was one of the qualities that endeared him to many, and he never ceased in dealing with a problem to have a "forward look." I think that from time to time he realised that education and health have much to contribute to one another—in fact, neither blossoms to its full splendour without the help of the other.

Alderman Gent, as well as Alderman Mrs. E. Harrison, the Chairman of the County Health Committee, who is also the Chairman of the Joint Medical Services Sub-Committee, have been most helpful in persuading their Committees to agree to schemes for expanding and improving the Health Services. Mr. J. L. Longland, the Director of

Education, and his staff have co-operated most understandingly in the arrangements for providing an efficient School Health Service, and I must also pay tribute to the assistance I have received from the staff of my own Department, but not least Dr. V. J. Woodward, my Deputy; Mr. Gray, the Principal Dental Officer; Dr. Julia Corrigan, the Senior Medical Officer for School Health; Miss Lloyd and Miss Daybell, the respective Superintendent and Deputy Superintendent Health Visitors; Mr. Rowley, the Public Health Inspector; and Mr. Dilks, the Chief Clerk, all of whom have contributed most conscientiously and loyally to maintaining and expanding the School Health Service during the year.

I am,

Your obedient Servant,

J. B. S. MORGAN,

Principal School Medical Officer.

County Offices,

Matlock.

(*Telephone : Matlock* 3411).

7th May, 1962.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County.

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,391	635,456
Population, Mid-1961 ..	139,270	228,210	381,950	749,430

Primary and Secondary Schools.

Divisional Executive	Types of Schools and Numbers	Average No. on Registers	
North-west	Primary .. 80	7,963	14,268
	Secondary .. 17	6,305	
North-east	Primary .. 117	20,559	33,972
	Secondary .. 32	13,413	
Mid-Derbyshire ..	Primary .. 75	15,107	17,663
	Secondary .. 19	2,556	
South-east	Primary .. 63	10,654	18,163
	Secondary .. 15	7,509	
South	Primary .. 103	13,221	21,727
	Secondary .. 18	8,506	
Chesterfield ..	Primary .. 26	6,155	11,968
	Secondary .. 13	5,813	
Total — Whole Administrative County	Primary .. 464	73,659	117,761
	Secondary .. 114	44,102	

Nursery Schools and Nursery Classes.

Divisional Executive	Number of Schools or Classes		Approx. No. on Registers
North-west ..	Schools ..	1	43
	Classes ..	1	22
North-east ..	Schools ..	1	61
	Classes ..	6	143
South-east ..	Classes ..	2	60
Chesterfield ..	Classes ..	9	341

Special Schools. *Approx. No. on Registers*

Ashgate Croft (E.S.N. Mixed) Day Special School, Chesterfield	160
Brambling House Open Air School and Children's Centre, Chesterfield	125
Bretby Orthopaedic Hospital Special School, Bretby	45
John Duncan (E.S.N. Girls') School, Buxton ..	70
Overseal Manor (E.S.N. Boys') School	44
Talbot House, Glossop (Cerebral Palsy) ..	22
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	98
The Delves Day Special School (E.S.N. Mixed) Swanwick, (opened 4th September, 1961) ..	65

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	12
Stretton House, Stretton	23

New Schools.

North West Division—

Glossop, Blessed Philip Howard R.C. Secondary School—4th September.

South East Division—

Long Eaton, Sawley C.I. (School transferred to new building)—19th June

South Division—

Mickleover, Ravensdale C.J.M. and Infants School—5th September

Littleover, Ridgeway C.I.—4th September.

Chesterfield Excepted District—

Chesterfield, Newbold C.E. (school transferred to new building)—23rd October

Schools Closed.

North East Division—

Pilsley County Secondary—19th July

Blackwell C.E. J.M.—31st December

Mid-Division—

Mackworth C.E. J.M. and I.—15th September

South Division—

Edlaston C. J.M. and I.—21st July

Births and their effect on school population.

The number of pupils attending maintained primary and secondary schools shown above has increased in recent years and from 1946 onwards the following table gives the position annually :—

1946 ..	82,895	1954 ..	112,021
1947 ..	87,107	1955 ..	114,744
1948 ..	91,875	1956 ..	116,699
1949 ..	95,595	1957 ..	118,761
1950 ..	97,511	1958 ..	119,792
1951 ..	100,973	1959 ..	118,520
1952 ..	106,323	1960 ..	117,732
1953 ..	109,099	1961 ..	117,761

These figures are a reflection of the births in the County during the preceding years as well as the raising of the school leaving age from 14 to 15 years in 1947. Below are set out the numbers of live births in the administrative county from 1940 :—

1940	..	9,898	1951	..	10,440
1941	..	10,078	1952	..	10,425
1942	..	11,032	1953	..	10,663
1943	..	11,724	1954	..	10,417
1944	..	13,149	1955	..	10,329
1945	..	11,393	1956	..	11,011
1946	..	12,710	1957	..	11,428
1947	..	13,714	1958	..	11,560
1948	..	12,152	1959	..	11,868
1949	..	11,534	1960	..	12,262
1950	..	10,799	1961	..	13,356

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945. Briefly, the Borough Council exercises the following functions in respect of the Borough relating to the School Health Service in particular :—

(i) The duty of providing special educational treatment for those children who have been ascertained as needing such treatment.

(ii) The duty of carrying out the medical inspection of pupils in attendance at any school maintained by the Authority and securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(iii) The exercise of the duties relating to the power to ensure cleanliness.

(iv) The powers and duties relating to reports to the Local Health Authority under the Mental Health Act.

(v) The duty of carrying out the medical inspection of pupils receiving primary or secondary education otherwise than at school, and of securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(vi) Where an arrangement has been made between the Authority and the Proprietor of an Independent School in the Borough, the duty of carrying out the medical inspection of pupils in attendance at the school, and securing that the pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1961, and the following information was provided :—

STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance) :—

Principal School Medical Officer .. .. J. B. S. Morgan
Principal School Dental Officer .. .. .. H. E. Gray

	Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(*a*) Medical Officers (including the Principal School Medical Officer)—*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services	28	13.2
(iii) General Practitioners working part-time in the School Health Service ..	1	0.19
(*b*) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists	3	2.2
(ii) Speech Therapists ..	3	1.6
(*c*) (i) School Nurses	66	21.9
(ii) No. of above who hold a Health Visitor's Certificate	62	
(*d*) Nursing Assistants	17	11.9

*—All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(*e*) Dental Staff:				
(i) Principal School Dental Officer ..	1	0.9	—	—
(ii) Dental Officers ..	5	3 5	1	0.3
(iii) Orthodontists (if not already included in (*e*) (i) or (*e*) (ii) above ..	—	—	—	—
Total ..	6	4.4	1	0.3
Total full-time equivalent (Col. 2 plus Col. 4) ..		4.7		

	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants ..	8	6.8

The following Table gives details of the staff during the year (including Child Guidance staff) :—

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER—		
J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER—		
V. J. Woodward, M.B., Ch.B., D.P.H.	30%	70%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH—		
Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.	50%	50%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH—		
Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.	2½%	97½%
SCHOOL MEDICAL OFFICERS—		
Frances G. Brill, B.A., M.B., B.Ch., B.A.O.	70%	30%
A. Chynoweth, L.R.C.P., M.R.C.S. (Left 18.7.61)	70%	30%
J. W. Crawshaw, M.B., Ch.B.	70%	30%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	70%	30%
J. Duthie, M.B., Ch.B.	70%	30%
Paramesvary Elagunathan, M.B., B.S. (commenced 28.12.61)	70%	30%
Winifred Gow, M.B., Ch.B.	70%	30%
J. D. Hall, L.R.C.P., M.R.C.S., D.P.H. (Left 30.9.61)	70%	30%
Alison M. Hamilton, M.B., Ch.B., D.P.H. ..	70%	30%
Tonie F. Haynes, M.B., Ch.B.	70%	30%
Emily B. John, M.B., B.S., M.R.C.S., L.R.C.P.	70%	30%
Margarete Kuttner, M.D.	70%	30%
D. R. McCaully, M.D., B.Ch., B.A.O., D.P.H.	70%	30%
Margaret Muckart, M.B., Ch.B. (Left 23.9.61) ..	70%	30%
Eleanor M. Singer, M.Sc., L.RC.P., M.R.C.S., D.C.H., (Commenced 19/8/61) (10/11ths)	64%	27%
Mary Stevens, M.B., Ch.B. (3/11ths)	25%	2%
G. Storey, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.	70%	30%
Monica L. Tisdall, L.R.C.P., M.R.C.S., M.B., B.S. (commenced 19.9 61) (4/11ths)	25%	11%
Teisi Urtson, Med-Dip., Univ. of Tartu .. (5½ vacancies).	70%	30%
PART-TIME SCHOOL MEDICAL OFFICERS—		
M. Allan, M.B., Ch.B., D.P.H.	20%	80%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H. ..	33%	67%
A. R. Robertson, M.B., Ch.B., D.P.H.	20%	80%
F. D. F. Steede, M.B., B.Ch., D.P.H. ..	27%	73%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H. ..	30%	70%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District—		
J. A. Stirling, D.S.C., M.B., Ch.B., D.P.H. (retired 8.2.61)	24%	76%
H. Bailey, M.B., Ch.B., D.P.H. (commenced 9.2.61)	24%	76%

Staff	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
H. James, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H. (left 30.4.61)	72%	28%
Joan M. B. Leith, M.B., Ch.B., B.A.O., D.P.H.	28%	72%
(one vacancy)		
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRISTS—		
D. J. Salfield, B.Sc., M.D., D.P.M.	75%	7%
F. G. Thorpe, M.B., B.Ch., D.P.M.	75%	7%
(Both by arrangement with Hospital Authorities)		
EDUCATIONAL PSYCHOLOGISTS—		
J. R. Fish, B.Sc.	25%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District)	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
Mary P. Joyce, B.Sc.	25%	—
Phylis Lane, B.A.	25%	—
P. H. Priestley, M.A.	25%	—
B. W. Brook, B.A. (commenced 1.4.61)	25%	—
PSYCHOTHERAPIST—		
Coral L. Tibbetts, B.Sc., Dip.Psych. (left 14.9.61)..		
(Two vacancies)	90%	10%
PSYCHIATRIC SOCIAL WORKERS—		
(Two vacancies).		
SOCIAL WORKERS—		
Ethel N. Ives, (Chesterfield Excepted District) ..	66%	—
(One-and-a-third vacancies).		
SPEECH THERAPISTS		
Pamela Bauer, L.C.S.T. (commenced 9.10.61) (4/11ths)	33%	3%
Rosemary Orwin, L.C.S.T. (Chesterfield Excepted District) (commenced 1.9.61)	100%	—
(Nine-and-a-half vacancies)		
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
G. H. Freeman (Dentist, 1921)	90%	10%
F. E. Welton, L.D.S.	90%	10%
Marguerite G. Ford, L.D.S. (commenced 1.5.61)..	90%	10%
PART-TIME DENTAL OFFICERS—		
Flora M. Jackson, L.D.S. (6/11ths)	50%	5%
Dorothy Littlar, L.D.S. (6/11ths) (Retired 31.1.61)	50%	5%
Ilse B. Mann, L.D.S. (4/11ths) (left 31.12.61) ..	33%	3%
(Eight vacancies).		
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer) (retired 19.2.61)	90%	10%
R. J. G. Young, L.D.S. (Part-time-commenced 14.12.61)	30%	—
(2.7 vacancies)		

At the end of 1953 we had the equivalent of 8.4 whole-time School Medical Officers; at 31.12.54 the figure was 9.3. In 1955 the County Council agreed to increase the establishment by seven Assistant Maternal and Child Welfare and School Medical Officers, in order to meet the growing needs for their services and to bring the ratio of staff up to a figure similar to the average for the country as a whole. At 31.12.55 the equivalent of 10.5 officers were engaged in school health work and at the end of 1956 the figure was 13.9. Steps were also being taken to arrange a scheme for carrying out B.C.G. vaccination of certain school children (which is designed to afford protection against tuberculosis), and the County Council therefore agreed that six additional Medical Officers be appointed (who would act as Maternal and Child Welfare as well as School Medical Officers), according to the need, to enable it to be implemented without detriment to the other schemes which had already been established. It will be seen from the foregoing schedules of staff that at the end of 1961 we had the equivalent of (approximately) 13½ school medical officers, with roughly six combined posts of Assistant Maternal and Child Welfare Medical Officer/ School Medical Officer to be filled.

Each Medical Officer is assisted by a "Medical Officer's Attendant." This scheme was introduced to relieve Health Visitors of some of the routine tasks, and has worked very well, the Attendant helping the Doctors not only in minor nursing work but also with the clerical work.

Regular meetings of the Medical Officers (about two each term) were held.

GENERAL CONDITION OF PUPILS

In circular number 352 dated 24.3.59 the Ministry of Education referred to medical and dental inspections in the following terms :—

"*Medical and Dental Inspections.* The frequency of medical and dental inspections has not been prescribed. The duty upon authorities to carry out these inspections at appropriate intervals is stated sufficiently clearly in s. 48 (1) of the Education Act, 1944. Where this duty is carried out by means of *periodic general medical inspections*, they should take place during the first and last years of compulsory school attendance, and one other inspection either during the last year in the primary school, or the first year in the secondary school. It will also be desirable to inspect young children under five years as soon as possible after they begin school, and also during their last year at school pupils who stay at school beyond the age of fifteen.

School dental inspections should, as far as practicable, be carried out at least once a year, and treatment offered promptly to those who are found to need it. The Ministry's circular states, however, that "this is unfortunately at present possible only in a few areas owing to the shortage of school dentists."

The circular goes on to say that "Medical and dental inspections should take place in school whenever this is possible. The Standards for School Premises Regulations include a requirement that suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists, nurses and other professional workers in the School Health Service."

The circular—in my opinion very truly—points out that "the efficient conduct of the School Health Service depends above all on the close contact of doctors and nurses with the teachers, the parents and the children in the

schools. They should be regular visitors, and the teachers should be encouraged to bring to their notice both those children who show particular defects and those whose general condition seems to indicate the need for an expert medical examination. There should also be close co-operation between the School Health Service staff and the children's general medical practitioners."

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school—this is to relieve some of the pressure on the larger secondary schools through which "the bulge" in the school population is passing).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or cases in need of re-examination.

The number of pupils examined at routine medical inspections totalled 29,955. For 1955 and for each subsequent year the corresponding figure has been 29,982; 27,734; 28,385; 30,520; 33,394 and 32,588.

In the course of examining the 29,955 children at routine inspections, 5,041 children were found who required treatment for various conditions, (16.8% of those examined). However, only 140 children were classed as being in an "unsatisfactory" physical condition (0.46% of the total number examined).

The percentage found to need treatment in 1961 (16.8%) may be compared with the following figures for successive years (starting with 1953):—18.4; 17.3; 19.5; 18.1; 16.8; 18.9; 17.7; 15.6. The last published figure for England and Wales (year 1959) was 15.76%.

The percentage of those whose "physical condition" has been considered to be "unsatisfactory," since this classification was introduced in 1956, are as follows :—

Year	% "*unsatisfactory*"
1956	2.72
1957	3.88
1958	2.57
1959	1.33
1960	2.51
1961	0.46

(The last published average for the country as a whole was 1.14% for the year 1959).

There is, of course, a wide gap between the 16.8% of children who were found to need treatment and the 0.46% regarded as "unsatisfactory". As mentioned in previous Reports, this is due to the fact that the defects recorded as requiring treatment cover a wide range, and are of varying degrees of severity. The presence of a defect does not necessarily result, therefore, in a child being regarded as of "unsatisfactory physical condition".

Vision. I have referred in previous Reports to an upward trend in the incidence of defective vision. The number of children referred for treatment for defective vision was almost 48 per 1,000 examined for the year 1947; this ratio gradually climbed during subsequent years to 96.9 in 1958; it dropped slightly (to 88.3) in 1959; rose to 94 in 1960, and for the year under review is 91.

The wide variation between figures from different Education Authorities show that there is likely to be a marked personal factor in the recording of visual defects.

Squint. Prior to 1952 cases of squint were recorded in about 9 or 10 out of every 1,000 children examined. Subsequently there was a gradual increase which reached 16.9 in 1955. The figures dropped in the two following years, but climbed again in 1958 and 1959, to 13.6 and 16.3 respectively. For 1960 the rate dropped to 12.4 per 1,000, and in 1961 it has again fallen slightly, to 11 per 1,000.

Nose and Throat Defects. The rate per 1,000 of pupils thought to require treatment for nose and throat defects varied during the few years prior to 1947 from 28 to 49. The figure for 1957 was only 13.32, but in 1958 it was 21.6. Since then it has gradually fallen to 11.1 in 1961. During the examinations at schools the School Medical Officers have recorded the children seen at periodic medical inspections who have undergone tonsillectomy at any time previously. The figures in Derbyshire during 1961 were as follows :—

Groups Inspected	Numbers Inspected	Numbers and percentages found to have had tonsillectomy	
		No.	%
Entrants	10,242	571	4.7
Second age group ..	11,268	1,216	10.8
Leavers	8,445	1,654	19.6

SANITARY INSPECTIONS IN SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

Improvements to the sanitary, cloakroom and washing facilities, as well as heating and lighting installations, where this is desirable at some of the older schools in various parts of the County, have continued to be made.

Swimming Baths.

Although many of the schools include training for swimming in their curriculum, there is only one swimming bath in the County (outside Chesterfield Excepted District) for which the Education Authority itself is responsible; this is the open air bath at Ashbourne. Pupils from many schools in the locality use it, and the facilities have for some years now been made available to youth and similar organisations, as well as to members of the public. In 1961 the attendances of school children totalled 17,600 out of 24,237 attendances altogether. The bath is equipped with a modern treatment plant, which has proved reliable, and the standards attained, from a health aspect, have been admirable.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

The following table gives particulars of the meals and milk provided on a day in September, 1961 :—

	Primary Schools	Secondary Schools
Number of children present	63,321	46,976
Meals provided :—		
Number of meals	30,247	26,626
% of numbers present	47.77%	56.68%
Milk provided :—		
Number of bottles	58,549	31,699
% of numbers present	92.46%	67.47%

Source and Quality of Supplies of Milk.

The Education Committee endeavour at all times to obtain the highest grades of milk, and it is pleasing to know that at the end of 1961, out of 644 establishments (including independent schools), 637 were receiving pasteurised milk. There are still six sources supplying raw Tuberculin Tested milk to seven schools, including two independent schools which take milk from their own farms. This situation is carefully watched and efforts are made to substitute Pasteurised milk wherever possible. Indeed in one case this year a new pasteurised milk supplier was obtained for a village school but he gave up after a short period, on economic grounds, and the supply had to revert to the original supply of raw milk.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation), and raw milks to the biological test (for tubercle bacilli). Any pasteurised milk which

fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course. Canteen milk supplies are subjected to the same procedure.

Although there are ninety-one suppliers of milk to schools there are only twenty-nine sources of supply, as many retailers buy their milk from the major pasteurising establishments. Nevertheless, all supplies of pasteurised milk are sampled at least yearly, whilst supplies of raw milk are sampled at least twice yearly for biological examination.

The following table combines figures of both school drinking milk and canteen milk supplies :—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	
Pasteurised ..	91	—	22	—	91
Tuberculin Tested ..	—	—	12	—	12

INFESTATION WITH VERMIN

The Health Visitors and Teachers have, as ever, been mindful of the problem of cleanliness of children. The Health Visitors and School Nurses carried out 249,121 examinations and re-examinations of Derbyshire school children during the year, in the course of which they discovered 1,730 individual children to have either nits or lice in their hair (mostly nits). This is just over 1.5% of the school enrolment and is a slight improvement over recent years during which the rate has been a little over 2%. Ten years ago the Derbyshire figure was about 7%. As the Chief Medical Officer of the Ministry has said, this is essentially a family problem, and it is to be hoped that the continued efforts of the nursing staff and the long term effects of education will bring about a further reduction in this unpleasant and preventable condition.

(The Authority's scheme for cleanliness inspections was last described in detail in my Annual Report for 1953 and remains substantially unchanged).

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1961; a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

1. NUMBER OF SCHOOL CLINICS (*i.e.*, premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 29

11. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned above, either directly by the Authority or under arrangements with the Regional Hospital Board, for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (*i.e., premises*) where such treatment is provided—	
	Directly by the Authority (2)	Under arrangements made with Hospital Authorities (3)
A. Minor ailment and other non-specialist examination or treatment	28	—
B. Dental	26	—
C. Ophthalmic*	3	19
D. Ear, Nose and Throat ..	—	—
E. Orthopaedic	—	10
F. Paediatric†	—	—
G. Speech Therapy ..	26	—
H. Physiotherapy	—	—
J. Orthoptic	—	—
K. Sunray (U.V.L.)	2	—
L. Chiropody	—	—
M. Rheumatism and Heart ..	—	—
N. Asthma	—	—
P. Remedial Exercises ..	—	—
Q. Vaccination and Immunisation	28	—
R. Audiology	1	—
S. Others (specify)	—	—

* Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

† Clinics for children referred to a specialist in children's diseases.

III. CHILD GUIDANCE CLINICS.

(1) Number of Child Guidance Clinics provided by the Authority—11.

(2) Staff of Clinics :—

	Number	Aggregate in terms of the equivalent number of full-time officers
Psychiatrists*	2	1.6
Educational Psychologists ..	7	2.3
Psychiatric Social Workers ..	—	—
Paediatricians, Play Therapists, Social Workers, etc. (excluding Clerks) (specify) :—		
Social Worker	1	0.66

*—The County Council pays two notional half-days' salary to the Hospital Authorities in respect of each of these two Psychiatrists.

New Clinics.

During the year 1961 the following new clinics were opened :—

(1) Buxton, Bath Road, in June, 1961.

(2) Glossop, George Street, in March, 1961.

The existing Clinics at Bolsover and Staveley were extended and modernised, this work being completed in February, 1961.

It is expected that the building of a new clinic in Swadlincote will be commenced in mid-1962, as well as the extension and modernisation of existing Clinics at Clay Cross and Ilkeston.

Minor Ailments.

The decline which has been noted during recent years in attendances for the treatment of minor ailments continued, and many clinics were not called upon to treat any minor ailments. However, most of the sessions when treatment is available are quite short, and are conducted by Health Visitors who are frequently attending the clinic premises for other purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers, it is possible to include the examination of special cases discovered at routine school medical inspections requiring more elaborate examination—(it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable). Immunisation against diphtheria is also available on demand as well as medical examination of children desiring to know if they are fit to undertake certain forms of employment.

The following table shows the Clinics at which facilities were available for minor ailments. Altogether, 795 children made 2,675 attendances.

Clinic	When Held	Number of Minor Ailment Clinic Sessions	Number of individual children who attended during the year	Total number of attendances during the the year
Alfreton. Grange Street ..	Wednesday, a.m.	27	—	—
Ashbourne. St. Oswald's ..	2nd and 4th Wednesday, a.m.	—	—	—
Belper. Field Lane ..	2nd and 4th Monday and 1st, 3rd and 5th Saturday, a.m.	—	—	—
Bolsover. Welbeck Road ..	2nd and 4th Thursday, a.m. ..	—	—	—
Buxton. Bath Road ..	Daily	143	12	25

Chesterfield. Brimington Road	2nd and 4th Friday, a.m. ..	—	—	—
Chesterfield Excepted District :— (*a*) Town Hall .. (*b*) Edmund Street, Newbold Moor	Daily, a.m. Monday and Thursday p.m.	317	270	1,239
Chinley. Lower Lane ..	1st, 3rd and 5th Saturday, a.m. ..	—	—	—
Clay Cross High Street ..	Saturday, a.m. ..	32	123	123
Clowne. Creswell Road ..	3rd Saturday, a.m.	11	17	17
Derby. Cathedral Road ..	Tuesday, p.m. and 2nd and 4th Saturday, a.m. ..	—	—	—
Dronfield. The Grange ..	Saturday, a.m. ..	—	—	—
Frecheville, Fox Lane	Saturday, a.m. ..	—	—	—
Glossop. George Street ..	Daily, a.m. ..	224	341	1,224
Hackenthorpe. Main Street ..	2nd and 4th Saturday, a.m.	—	—	—
Heanor. Wilmot Street ..	1st, 3rd and 5th Saturday, a.m. ..	—	—	—
Ilkeston, Albert Street	Daily, a.m. ..	32	32	47
Long Eaton. 4, Nottingham Rd.	Saturday, a.m. ..	—	—	—
Matlock. Causeway Lane ..	Saturday, a.m. ..	—	—	—
Melbourne. Penn Lane ..	Wednesday, a.m. ..	—	—	—
New Mills. High Lea Hall ..	2nd and 4th Saturday, a.m. ..	—	—	—
Ripley. Derby Road ..	3rd Thursday, a.m.	—	—	—
Shirebrook. Cliff House ..	Wednesday, a.m. ..	—	—	—
Staveley. Lime Avenue ..	Monday a.m. and 4th Saturday, a.m.	—	—	—
Swadlincote. Alexandra Road ..	2nd and 4th Wednesday	—	—	—
Totals	.. .. ..	786	795	2,675

Dental Work.

A statistical report appears in Part IV of the Appendix. Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report :—

"A creditable year's work can be reported in spite of staff shortage. Two retirements, the Senior Dental Officer of Chesterfield Borough and a part-time officer, at the beginning of the year, were partly offset by the services of a temporary whole time officer for two months and immediately following that, a whole-time appointment was made. Thereafter, the staffing position remained stable during the last nine months of the year at four whole-time and two part-time officers. This, of course, was well below establishment.

The number of inspection and treatment sessions was 1,993, which was 972 fewer than in 1960, due to the staff changes and illness. The yearly sessions have shown a steady fall from 5,450 prior to the introduction of the National Health Service, to this low level.

However, the work continued at a slightly increased rate compared with the previous year, which in turn was itself better than the year before.

The Authority continued its efforts to secure staff and very determined attempts were made. In addition to periodical advertisments in the professional press, students holding County awards and about to complete their studies and training were contacted with a view to working in the School Service for a time. Through the principals of all the University Dental Schools, notice was brought to the senior students of the posts open to them, as soon as they qualified. There resulted a number of enquiries and some interviews of potential candidates, but the pull of general practice took preference.

In the last few years the work on dental health education has been gaining momentum and this most important aspect of the school service was pursued with greater vigour than ever. Many excellent posters and leaflets, available from numerous sources, were widely used in the schools, clinics, ante-natal and infant welfare centres. Instruction in the school curriculum, film shows to suit different age groups, exhibitions of models and talks to Women's Institutes all formed part of the campaign to try to eliminate much of the need for dental treatment.

Thanks are expressed to many of the doctors, Health Visitors and School Nurses who enthusiastically did much to further this work in the schools and in their contacts with the mothers of young children

Inspections were carried out at 84 schools, including the special schools, which received an inspection at least once a year. Over 19,000 inspections were made, of which 3,000 were special inspections at the clinics; offers of treatment were given to 12,600, and of this number some 7,700 received the necessary attention. The number treated is always considerably less than the number to whom

offers of treatment are given. This results from the fact that many parents refuse to allow their children to have dental care. Refusal of treatment following school inspections varied from 20%—80%, but in the majority of the schools inspected, 50%—70% of the parents agreed to the treatment proposed. The offers of treatment were limited to those children not in the care of the family dentist. The children treated made over 13,800 attendances. The main items of treatment were some 6,000 fillings, the extraction of 2,899 permanent teeth and 8,070 temporary teeth. General anaesthetics were administered on 3,954 occasions and miscellaneous operations, mostly of a minor nature, were approximately 3,900.

Sixty children were fitted with artificial dentures, some of them full or almost full sets.

The amount of orthodontic treatment carried out was in excess of that of the previous year. Ninety-one new cases began courses of regulation treatment in addition to 26 carried over from the year before. A hundred appliances were fitted and 72 children had the treatment satisfactorily completed. Six failed to co-operate and treatment was discontinued, leaving 39 cases still under treatment at the end of the year.

Orthodontic treatment is often tedious and prolonged. It may take a year, two, or even three years of effort, and the closest co-operation is required of both the parent and the patient if a pleasing improvement in appearance is to be obtained.

Mention has been made on numerous occasions of the necessity of regular attention and the timely follow-up of treatment already given, if much time, effort and materials are not to be wasted.

In conditions where the numbers per dentist are so great that it is impossible to carry out annual inspections in a given area or group of schools, the problem of treatment planning for individual patients so as to achieve the best results in the long run is no easy one. It is only by assessing the soundness or otherwise of the teeth of the school leavers, that the success or failure of the school dental service can be judged. A fair measure of success can be claimed following a policy introduced several years ago. Parents are advised, after a child has been treated, to make an appointment in six months for a check-up, irrespective of any school dental inspection. A great many now do this with gratifying results. Often, no attention is required and when any is necessary, it can usually be speedily carried out with the minimum of discomfort and complete success assured. In this way, with the co-operation of the interested and appreciative parents, the desired results are achieved and it is possible to treat greater numbers in this category and at the same time provide an extraction service for those who "only want the bad ones out when they ache".

Visual Defects.

Treatment was provided a. the Authority's Eye Clinics under two schemes as follows:—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attended three clinics and were paid on a sessional basis by the Authority, which recovered from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Nineteen of the Authority's eye clinics were conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

School children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service. In this connection, figures have kindly been provided by the Derbyshire Executive Council relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

The following table shows the number of children who attended the eye clinics and the number of attendances :—

Eye Clinic	When Held	Number of Clinic Sessions	Children Attending Maintained Schools	
			Number of individual children treated	Total number of attendances
Alfreton. Grange Street ..	1st, 3rd & 4th Wednesday, p.m. ..	21	256	300
Belper. Field Lane	4th Friday, a.m. ..	12	121	134
Bolsover. Welbeck Road ..	1st and 3rd Wednesday, a.m. ..	14	111	115
Buxton. Bath Road	Each Monday a.m.	39	391	431

Chesterfield. Brimington Rd. ..	2nd and 4th Monday p.m. .	19	202	218
Chesterfield Excepted District. Town Hall	Wednesday and Thursday, a.m. ..	72	769	1,138
Clowne. Creswell Road ..	2nd and 4th Friday, a.m. ..	20	169	208
Derby. Cathedral Road ..	2nd & 5th Monday, a.m. 1st, 3rd & 4th p.m.	40	535	582
Dronfield The Grange ..	2nd and 4th Friday, p.m. ..	14	96	102
Eckington Gosber Street ..	1st and 3rd Friday, p.m.	14	156	163
Frecheville. Fox Lane	2nd and 4th Wednesday, a.m. ..	17	154	155
Glossop. George Street ..	1st, 3rd and 5th Saturday, a.m. ..	—	—	—
Hackenthorpe. Main Street .	3rd Monday, p.m. ..	9	126	133
Heanor. Wilmot Street ..	2nd Friday, a.m.	11	127	142
Ilkeston. Albert Street ..	1st and 3rd Friday, a.m. ..	19	275	294
Long Eaton. Grange School ..	2nd and 4th Tuesday, a.m. ..	17	209	221
Matlock. Dean Hill House, Causeway Lane ..	1st and 3rd Friday, a.m. ..	17	192	206
New Mills. High Lea Hall .	4th Tuesday, a.m	10	97	112
Ripley. Derby Road	2nd Wed., p.m. .	10	105	123
Shirebrook. Cliff House ..	1st and 3rd Friday, a.m. ..	16	243	248
Staveley. Lime Avenue ..	1st Monday, p.m. ..	9	126	133
Swadlincote. Alexandra Road ..	Alternate 2nd Thursday, p.m. .. every 4th Thursday	15	172	198
Totals	.. .. ..	396	4,632	5,356

Orthopaedic and Postural Defects.

Orthopaedic sessions, attended by Orthopaedic Surgeons employed by Regional Hospital Boards, were held at ten of the County Council's clinics. The following table indicates the attendances made by school children, 580 of whom made 1,919 attendances.

Orthopaedic Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools	
			Number of individual Children treated	Total Number of attendances
Alfreton. Grange Street ..	Thursday, a.m. and p.m.	90	40	250
Buxton. Bath Road	4th Friday, alt. months	–	—	—
Derby. Cathedral Road ..	Thursday, a.m. and p.m.	88	180	488
Glossop. George Street ..	2nd and 4th Tuesday, a.m. and p.m.	38	50	84
Heanor. Wilmot Street ..	Friday, p.m. ..	43	5	31
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m.	88	119	319
Long Eaton. 4, Nottingham Rd.	Friday, a.m.	43	28	135
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m.	90	59	355
New Mills. High Lea Hall ..	2nd and 4th Monday a.m. and p.m.	44	22	81
Swadlincote. Alexandra Road .	1st and 3rd Tuesday, a.m. and p.m.	52	77	176
Totals .. .	.. .. .	576	580	1,919

Sunray Clinics.

During the year, 138 children made 1,217 attendances at the sunray clinics at the Town Hall, Chesterfield, and at Brambling House Open Air School, Chesterfield : 40 sessions were held.

HANDICAPPED PUPILS

The Handicapped Pupils and Special Schools Regulations, 1959.

The categories of "handicapped pupils" requiring special educational treatment are defined as follows in the above mentioned Regulations :—

(*a*) *blind pupils*, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight ;

(*b*) *partially sighted pupils*, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight ;

(*c*) *deaf pupils*, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language ;

(*d*) *partially deaf pupils*, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils ;

(*e*) *educationally sub-normal pupils*, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools ;

(*f*) *epileptic pupils*, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils ;

(*g*) *maladjusted pupils*, that is to say, pupils who show evidence of emotional instability or pyschological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment ;

(*h*) *physically handicapped pupils*, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools ;

(*i*) *pupils suffering from speech defect*, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment ; and

(*j*) *delicate pupils*, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

Return of Handicapped Children for the Year 1961.

Categories	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-normal	Epileptic	Speech Defect	TOTAL (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(9)	(10)	
In the calendar year ended 31st December, 1961 :—											
A. Handicapped pupils newly assessed as needing special education in special schools or boarding homes	5	5	9	3	11	40	31	184	3	–	291
B. (i) Of the children included at A number newly placed in special schools (other than hospital special schools) or boarding homes	2	3	6	–	5	32	29	83	2	–	162
(ii) Of children assessed prior to 1.1.61 number newly placed in special schools (other than hospital special schools) or boarding homes ..	1	–	2	1	13	5	4	79	–	–	105
On or about 20th January, 1962 :—											
C. (i) Number of handicapped pupils requiring places in special schools—											
(*a*) day	–	–	–	–	–	–	–	164	–	–	164
(*b*) boarding	8	4	3	3	8	9	3	22	1	–	61
(ii) Included at (i) who had not reached age of 5 and were waiting—											
(*a*) day places	–	–	–	–	–	–	–	–	–	–	–
(*b*) boarding places ..	4	–	2	–	–	–	–	–	–	–	6
(iii) Included at (i) who had reached age of 5 but whose parents had refused consent to admission were awaiting—											
(*a*) day places	–	–	–	–	–	–	–	10	–	–	10
(*b*) boarding places ..	–	–	–	–	–	1	–	2	–	–	3
D. (i) Were on registers of special schools											
1. Maintained											
(*a*) day pupils	–	6	9	–	7	79	64	379	–	–	544
(*b*) boarding pupils ..	6	7	9	9	24	13	4	95	2	–	169
2. Non-Maintained											
(*a*) day pupils	–	–	6	–	–	–	–	–	–	–	6
(*b*) boarding pupils ..	8	3	37	2	7	21	10	3	7	–	98
(ii) On registers of independent schools under arrangements by the Authority	–	1	2	–	11	2	14	17	–	–	47
(iii) Boarded in homes and not already included under (i) and (ii) above..	–	–	–	–	–	–	24	–	–	–	24
Total (D)	14	17	63	11	49	115	116	494	9	–	888

Categories	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-normal	Epileptic	Speech Defect	TOTAL (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
On or about 20th January, 1962											
E. Number of handicapped pupils receiving education under Section 56 of the Education Act, 1944											
(i) in hospitals	–	–	–	–	28	5	–	–	–	–	33
(ii) other groups (i.e. units for spastics)	–	–	–	–	2	–	–	–	–	–	2
(iii)at home	–	2	–	1	25	2	1	7	1	–	39

I am indebted to Mr. J. L. Longland, the Director of Education, for the following comments on the figures relating to handicapped children :—

"*Ascertainment during* 1961 *and previous year and Placement during* 1961.

		1960	1961	
A.	Pupils newly assessed.	297	291	
B.	(i) Of pupils included at A., No. newly placed in special schools ..		162	
	Total number placed ..	214		267
	(ii) Of children assessed prior to 1.1.61 number newly placed		105	
	Waiting Lists.			
C.	(i) Awaiting admission to day schools	175		164
	(ii) Awaiting admission to Boarding Schools	91		61
	Total C.	266		225
	Children receiving special education.			
D.	(i) On Registers of			
	1. Maintained Special Schools			
	(a) As Day Pupils ..	428		544
	(b) As boarding Pupils	159		169
	2. Non-Maintained Special Schools.			
	(a) As Day Pupils ..	6		6
	(b) As Boarding Pupils	102		98
	(ii) On Register of Independent Schools	45		47
	(iii) Boarded in Homes	31		24
E.	(i) Being educated in hospitals ..	31		33
	(ii) Being educated in other groups or units	—		2
	(iii) Receiving Home Tuition	53		39
	Total D and E	855		962

3. Previously Section B showed a total number of children placed in the year—(1960 was 214); the section is now sub-divided to show (1) those newly assessed and placed (162), (ii) previously assessed and placed in the year (105)—showing a total placement of 267.

Comment.

The increase in the number of children placed in special schools during 1961 is due mainly to the opening in September of the Delves School although this has had only a marginal effect on the numbers awaiting placement in day schools.

The majority of pupils admitted to the Delves School were newly assessed for the purpose. The number of E.S.N. pupils awaiting placement, however, still remains high.

The decrease in numbers awaiting boarding school education is due mainly to extensions to John Duncan School, which have helped the position considerably.

Considering some of the handicaps separately :—

Blind. Eight children on the waiting list. One has since been placed and two have been offered places for later in the year. The remaining five cases are being kept under review and one of them is under 5 years of age.

Partially Sighted. Four children on the waiting list. One is having help from a home teacher.

Deaf. Three children waiting. One has since been placed and two have been accepted for placement later in the year.

Partially Deaf. Three waiting and one has since been placed.

Physically Handicapped. There were 22 awaiting placement on 1st January, 1961. It has been possible to obtain more places for this handicap in 1961 than in previous years—the balance awaiting places is reduced to 8.

Maladjusted. Three waiting and these have since been placed."

Special Reports.

(1) *John Duncan (E.S.N. Girls') Residential Special School.*—Dr. Kuttner states that :—

> "Apart from routine inspections every term I visit the school frequently for various individual tests and if ever any advice is required. Co-operation with all the staff is excellent. A second House, "Northwood," was opened this year. Teachers, Matrons and domestic staff alike have worked untiringly and with great enthusiasm to create the same happy atmosphere which always existed before, throughout the two Houses. The need of every pupil is attended to individually. Results are gratifying, and it is always a pleasure to observe how even children of rather low intelligence show

unexpected progress educationally and socially. Day-boys have fitted in well and it is hoped that the new scheme of admitting young E.S.N. boys as boarders in 1962 will prove to be equally successful."

(2) *Overseal Manor (E.S.N. Boys') Residential Special School :—* Dr. Malcolm Allan reported that he visited the school each term and at other necessary times. He stated that from his own observations most of the children improve mentally and certainly physically, and the whole atmosphere of the school was most delightful.

(3) *Talbot House, Glossop.* Dr. M. Sutcliffe, the School Medical Officer who maintains regular and frequent contact with this School for children suffering from cerebral palsy, has reported as follows :—

"During 1961 many visits were paid to Talbot House Special School for the purposes of general supervision, periodic medical examinations, and poliomyelitis vaccinations.

Several children suffered from minor upper respiratory infections but there were no serious illnesses. Two children were transferred to other schools : one to a non-residential special school for delicate children and the other to an ordinary day school. A girl who was very badly disabled reached the age of sixteen years and had to be admitted to a long stay home for incurables.

In addition to the educational curriculum, other activities including physical and occupational therapy, speech training and hydrotherapy continued throughout the year. The results of physiotherapy in any year are difficult to assess as improvement in the physical handicap is evident only after prolonged and patient treatment."

(4) *The Brackenfield Day Special School (E.S.N. Mixed), Long Eaton.*—Dr. Storey has been attending this School intermittently during the year. He states that—

"There is a considerable waiting list for places there which are proving difficult to find. A new "unit" composed of children on the lower border-line of the E.S.N. scale was commenced. Suitable children progress from the "unit" to the normal classes in the School. Several children with multiple defects attend this school in addition to the basic core of "pure" E.S.N. children. With the erection of new E.S.N. schools in the county the pressure on Brackenfield may be somewhat relieved."

(5) *The Delves Day Special School (E.S.N. Mixed), Swanwick.*— Dr. Weyman has reported as follows :—

"The special school for backward children opened at the Delves, Swanwick, in September, 1961. Much preparation was needed to collect together the first intake. Co-operation between the Headmaster, the Education Department and the School Health Service helped to make this a smooth and easy procedure. A further intake is arranged for January, 1962, and preparatory work has been done for this.

As far as results are concerned it is pleasing to note that children unable to write their own name or to read are doing this after less than one term's work. The school is a happy one and parents seem pleased that their children have been sent to the school.

Pure tone audiometer testing at the school revealed that excellent hearing is rare. Most children at the school have losses of varying degree but in none of these children is the loss great enough to require a hearing aid. There is no doubt that the amount of hearing loss may vary from time to time in some children. After discussion with the Headmaster and the Educational Psychologist it was considered that the solution to these problems lies simply in good teaching : this coupled with small classes should overcome most of the problems.

Comment was also made at this time on the noise level in class rooms. Noisy furniture and unnecessary movement will not be of benefit and should be reduced as far as possible. Thought might be given to the design of chairs, desks and floors to reduce as far as possible noise in class rooms."

(6) *Stretton House Hostel.*—Dr. E. B. John, who attends this Hostel, reports as follows :—

"This Hostel continues to provide homely surroundings for maladjusted boys. The material conditions are good and the boys are provided with discipline and also kept out of mischief by being occupied.

The physical condition of the boys is checked regularly. Any boys with defective vision attend the ophthalmic surgeon regularly; dental treatment is also provided when necessary. One boy developed osteomyelitis and was admitted to hospital during the current period.

The hostel now has a 'bus and it is possible for the boys to be taken for outings at weekends and in holidays.

The boys seem to thrive in these surroundings and I feel sure that work of considerable value is being done."

Young Children Handicapped by Impaired Hearing

On 18th September, 1961, the Ministries of Education and Health jointly issued a circular under the above caption (Ministry of Education Circular 14/6, and Ministry of Health Circular 12/61) which reads as follows :—

"I am directed by the Ministers of Health and Education to send you a copy of a memorandum on the services for young children handicapped by impaired hearing. This has been prepared for the guidance and information of those concerned with the ascertainment, diagnosis and training of young deaf children. Copies are also being sent to hospital authorities, Executive Councils and Local Medical Committees.

2. The memorandum emphasises the importance of the early diagnosis of any degree of hearing handicap in young children in order that appropriate medical and educational services may be provided at the earliest possible age and with the best prospect of success. Local authorities are asked to review the adequacy of the methods of finding cases of impaired hearing

through their maternity and child welfare and school health services; to consult with Local Medical Committees on arrangements for co-operation with general practitioners to ensure a comprehensive system of early ascertainment; and to examine with hospital authorities and Local Medical Committees the arrangements for the special follow-up of babies born in hospitals who are in the group considered as being "at risk".

3. Following the initial diagnosis, full investigation is best undertaken at an audiology clinic. It is not envisaged that there should be a uniform pattern in the clinic services for young deaf children. These are, as the memorandum shows, at present provided by the hospital service, by local health authorities as part of the child welfare services and by local education authorities as part of the school health services. But it is important that developments, as they take place, should be based on close understanding and co-operation between the three services concerned, to ensure the most economical use of staff and continuity of care for the child; and that clinics should be backed by an efficient service for the fitting, adjustment and repair of Medresco hearing aids and the provision and replacement of ear moulds. Regional Hospital Boards are being asked, in consultation with Boards of Governors of teaching hospitals as necessary, to review with local health and education authorities the present arrangements in their areas, and to formulate plans for future development. Where the local authority is providing consultant otologist services, the Board will need to decide, after consultation with the authority, what hospital specialists services are needed; and Boards are being advised that, where specialists services are not provided by the local authority, the Board should, as a general rule, be prepared to provide them, on hospital premises or elsewhere as convenient.

4. The local authority will again be concerned, following the assessment and prescription of treatment, in giving guidance to parents on the management of the child at home and in giving advice on the family problems which may arise as a result of the child's disability. Children with impaired hearing may also need special educational treatment which it is the duty of the local education authority to provide. For some children this will mean education in a special school or a class for the partially deaf; others may be able to join hearing classes at ordinary schools, where the authority will need to supervise their progress, while offering appropriate guidance and advice to parents.

5. So that all children handicapped by impaired hearing may receive the maximum assistance from the services available, hospital authorities are being advised that where a child is found by a hospital specialist to have any material hearing loss, all relevant information should be supplied to the Medical Officer of Health or Principal School Medical Officer concerned, as well as to the general practitioner.

Hearing Aids

6. It is important that the parents of children with defective hearing, teachers and those who give advice on the welfare of children, should know something about the proper use of hearing aids. A leaflet, "The Child who uses a Hearing Aid", has been prepared by the Ministry of Health and the Ministry of Education for the guidance of parents, teachers and local authority staff without specialist training in the education of the deaf. A copy of the leaflet is enclosed. Further copies may be obtained from the Ministry of Education or the Ministry of Health. Copies will also be issued by hearing aid centres to parents of children whenever a hearing aid is issued.

7. Copies are enclosed of the memorandum (H.M. (61) 89) sent to hospital authorities and the letter (E.C.L. 79/61) sent to Executive Councils.

8. Copies of this circular have been sent to the Medical Officer of Health and the Chief Education Officer and to the Clerks and Medical Officers of Health of authorities exercising delegated health and welfare functions under the Local Government Act, 1958."

In February, 1962, I wrote on this matter to the Senior Administrative Medical Officer of the Sheffield Regional Hospital Board and as that letter described the steps which had been taken in this County I thought it would be convenient if I quoted it below :—

"You have had some correspondence over recent months with my Department on this subject, particularly concerning circulars 14/61 of the Ministry of Education and 23/61 of the Ministry of Health addressed to Local Health and Education Authorities (England); H.M. (61) 89 addressed to Regional Hospital Boards and Hospital Management Committees; and E.C.L. 79/61 addressed to the Clerk of Executive Councils on 18th September, 1961.

I have reported the receipt of these circulars to the appropriate Committee of my own authority. I have also contacted the Derbyshire Local Medical Committee, as well as the Consultant E.N.T. Surgeons at Chesterfield and Derby respectively.

At the consultation with the Local Medical Committee it was agreed that it was important that the arrangements should ensure co-operation with the general medical practitioners, so that a comprehensive system of early ascertainment could take place. Incidentally, the general medical practitioners "may be among the first to find or to be made aware of defects in hearing, of which there may sometimes be a history in the child's family". References to Consultant Otologists should always take place through the family doctor. In this connection I am setting out as a footnote to this letter a resolution of the Annual Representative Meeting of the British Medical Association passed in 1950, which, incidentally, has also been approved by the Society of Medical Officers of Health. All the Health Visitors in the county have now been trained in carrying out tests on young children's hearing. The Health Visitors will screen all children "at risk"—this accounts for some 20% of the total births. The screening will take place at ten months and again at eighteen months. Children who fail the screening test will have a hearing test carried out by a Teacher of the Deaf and a medical examination by a School Medical Officer. A third test, including one by pure tone audiometry will be carried out just before or just after the child enters school.

Regarding older children, there are four pure tone audiometers available in the County at the present time for use by the School Medical Officers. Arrangements have been made for all the pupils at the Special Schools conducted by my Authority to have a hearing test. A special class has been established at the New Whittington County Primary School, Chesterfield, for detailed investigation of children who fail the initial screening test. This special class acts in a sense as an assessment centre where assessment is carried out by Mr. Rawden, a teacher of the Deaf on the staff of the County Council, and a School Medical Officer, with the assistance, if necessary, of an Educational Psychologist. Arrangements have also been made for Mr. G. E. Mann, F.R.C.S., the Consultant Otologist at the Chesterfield Royal Hospital, to attend the unit whenever required, apart from regular visits he makes to observe the progress of the children.

A second Teacher of the Deaf, Miss Kennerley, has recently taken up duty for work in the South of the County. The County Council's Clinic at Belper has accommodation available to carry out the same sort of assessment as is already provided at the New Whittington School, Chesterfield, for the North of the County. Here again a School Medical Officer with a special interest in problems of the deaf will attend all diagnostic sessions. Mr. R. L. Flett, F.R.C.S., the Consultant Otologist at the Derbyshire Royal Infirmary and the Children's Hospital, Derby, has agreed to see cases who are referred to him.

I think what has been agreed to and arranged is reasonably satisfactory at the present time, but I have a feeling that the service may grow as it becomes better known and it may be necessary to arrange for the provision of further centres.

Footnote :—Extract from the Year Book, 1962, of the British Medical Association, under the caption "Some important Decisions on Questions of Policy" (page 179) :—

"School Health Service and Pre-school Clinics

1. Where, in the opinion of a medical officer employed by a local Authority, a child needs special investigation (other than an ophthalmic examination) or treatment, he should send the child to a specialist only after prior consultation with the child's own doctor, upon whom rests the responsibility for general medical care.

2. In consulting the general practitioner, the medical officer should give him the opportunity to make the arrangements for the consultation or to agree—by replying or in the absence of a reply—that the arrangements should be made by the Medical Officer.

3. A copy of any special report on the child received by the Medical Officer should be sent to the child's own doctor."

Cardiac Register

During 1957, a Medical Officer of the Ministry of Education suggested that in order to obtain a record of the incidence of cardiac defects over a number of years, a "cardiac register" should be established by the Authorities in the North Midlands Division, which is ideally suited to this purpose geographically because four of the counties have a hospital centre in the County Town which is in each instance the only County Borough, to which centres cardiac cases would naturally be referred for a consultant's opinion. If all the Authorities agreed to participate the investigation would cover some 550,000 school children and in size alone should be of major importance.

The investigation consists of the observation of organic heart disease (rheumatic and congenital) and should give useful evidence relating to the alleged decline of rheumatic heart disease and provide a pool of knowledge in regard to congenital heart disease which would prove useful as further developments appear in cardiac surgery. If a School Medical Officer discovers abnormal cardiac physical signs during his examination of a pupil he may decide that the signs are "innocent," in which case no further action is called for. He may, on the other hand, decide that the signs merit further investigation. In the majority of cases such children will ultimately obtain the opinion of a cardiologist or paediatrician as to the probable diagnosis. Where this opinion favours an organic cause (it cannot always be definite) the child's name is to be included in the cardiac register. Such children are to be subject to at least an annual special medical examination.

The Ministry feels that as regards rheumatic heart disease this investigation will afford an opportunity for studying the general incidence, relapse rate, ultimate state on school leaving, and the relationship of relapses to school streptococcal infections. As regards congenital heart disease, beside the usual data to be expected from a survey, there is the relationship to maternal infections, and their epidemiological features. An assessment will be made of the child on leaving school and the information will of course be useful in giving any necessary advice in relation to future employment.

At the end of 1961 there were seventy-six Derbyshire children on this register, the diagnoses being as follows :—

Congenital :—

1.	Fallots tetralogy with Blalocks operation ..	2
	„ „ without Blalocks operation ..	2
2.	Patent ductus—ligated	4
3.	Atrial septal defect	1
4.	Patent Foramen Ovale	1
5.	Atrial septal defect with pulmonary stenosis ..	1
6.	Atrial septal defect with heart block (operated)	1
7.	„ „ „ „ „ (not operated)	1
8.	Interventricular septal defect	6
9.	„ „ „ with pulmonary stenosis	1
10.	„ „ „ with partial bundle branch block ..	1
11.	Septal defect	2
12.	? Septal defect awaiting investigation	2
13.	Septal defect with mitral valve involvement ..	1
14.	Ventricular septal defect with ? aortic stenosis..	1
15.	Pulmonary stenosis	2
16.	Co-arctation of aorta operated	1
17.	Congenital (no specific diagnosis)	37

Rheumatic :—

18.	Mitral stenosis	2
19.	Mitral incompetence	1
20.	Other	6

Most of those with no definite diagnosis have been investigated in hospital, some are awaiting further investigation. Two of those in line 17 above are Mongols.

Of the 76 children, 71 attend ordinary schools, 1 receives home tuition, 2 are pre-school children, and 2 attend training centres.

The Medical Examinations (Sub-normal Children) Regulations, 1959.

The Regulations prescribe the qualifications required of medical officers undertaking the examination of pupils to ascertain whether they need attention in a special school for educationally sub-normal pupils, or whether they are suffering from such a disability of mind as to make them unsuitable for education at school. It is prescribed that medical examinations for the foregoing purposes shall be conducted by a duly qualified medical practitioner possessing one of the following special qualifications :—

"(*a*) *he shall be a practitioner whose employment was approved by the Minister under regulation* 11 *of the School Health Service and Handicapped Pupils Regulations,* 1953*; or*

(*b*) *he shall be a psychiatrist working in a child guidance clinic; or*

(c) he shall—

(i) *have assisted for a period of at least six months in the conduct of medical examinations of the kind to which these regulations apply by a practitioner entitled to conduct them under these regulations : and*

(ii) *he shall have attended, at one of the following universities namely, Durham, Glasgow, Leeds, London or the Queen's Universities, Belfast, the post-graduate course of instruction in the ascertainment and treatment of children suffering from the disabilities described in regulation 2, or some equivalent course approved by the Minister for the purpose of these regulations."*

Children unsuitable for education at school, and school leavers requiring care from Health Authorities.

In September, 1960, the Ministry of Education issued Circular 12/60 on this subject. The circular referred to certain changes in the law relating to children who suffer from a disability of mind which makes them unsuitable for education at school, brought about by the coming into operation on 1st November, 1960, of parts of the Mental Health Act, 1959, which amended the Education Act, 1944. Their effect is "broadly to extend the rights of parents, to alter legal procedure in some respects, and to simplify some of the administrative arrangements".

A decision by the Education Committee to "report" a child to the Local Health Authority is to be regarded not only as a negative decision that the Education Authority cannot educate the child, but also as a positive step to enable the Health Authority to make or arrange for more suitable provision. The parents of a child who has been found to be unsuitable for education have a right to appeal to the Minister of Education against the decision to "report" the child, and may also request the Authority, not more than once a year, to review their decision.

The Mental Health Act repealed the subsection of the Education Act under which the Education Committee had hitherto reported to the Health Committee individual children who were thought to need supervision, after leaving school, on account of mental disability. The Ministry's circular pointed out, however, that it is desirable for local education authorities to pass to local health authorities information on school leavers who they think will require care or guidance, and pointed out that "Without adequate support and help many school leavers who are mentally handicapped cannot surmount the problems which will confront them in their working life."

During the year under review, 33 boys and 21 girls were "reported" by the Education Authority to the Local Health Authority. On the other hand, one boy who had been reported to the Local Health Authority in 1954 was re-examined and found to be no longer unsuitable to receive education at school : the original decision was, therefore, cancelled.

Maladjusted Children.

As I mentioned in my last Annual Report the Manchester and Sheffield Regional Hospital Boards have agreed to employ two Consultant Children's Psychiatrists, each for 9/11ths of whole-time, the County Council paying 2/11ths of their respective salaries. The following broad programmes were approved, which it will be noted include visits to hospitals, hostels and special schools, as well as the County Council's child guidance clinics :—

	No. of notional half-days a week
Dr. Salfield :—	
"Main" Clinic—County Council Clinic, Cathedral Road, Derby .. .. "Subsidiary" Clinics—Ilkeston; Ripley; Swadlincote ..	6
Derbyshire Royal Infirmary	1
Derbyshire Children's Hospital	1
The Pastures Hospital; Bretby Hospital; Overseal Manor (E.S.N. Boys') Residential Special School; Brackenfield Day Special School (E.S.N.) Long Eaton; The Delves Day (E.S.N.) Special School, Swanwick; Stretton House Hostel	1
	9
Dr. Thorpe :—	
(i) Sheffield R.H.B. area—	
"Main" Clinic—Brambling House, Chesterfield; "Subsidiary" Clinics—Hackenthorpe; Matlock; (and Clowne and Eckington by appointment); Holly House Hostel; Stretton House Hostel; Brambling House Open-Air School and Children's Centre; Ashgate Croft (E.S.N.) Day Special School; Chesterfield Royal Hospital	7
(ii) Manchester R.H.B. area—	
"Main" Clinic—Buxton; "Subsidiary" Clinic—Glossop; John Duncan (E.S.N. Girls') School	2
	9

The County Council's establishment authorises the appointment of seven Educational Psychologists, who work partly in the Schools Psychological Service and partly in the Child Guidance Service; four Psychiatric Social Workers; and two non-medical Psychotherapists. Whilst it is pleasing to record that the posts of Educational Psychologists have all been filled, it is regretted that the posts of qualified P.S.W's and Psychotherapists are at present vacant, although a part-time Social Worker serves in Chesterfield.

Dr. F. G. Thorpe has provided the following **report on the work done in the Child Guidance Service in the north of the county during 1961 :—**

"It has been a year of consolidation and further integration of already existing clinics in the North of the County. The Child Psychiatric Services have coped, during the year, with 251 new cases; this figure includes work done at Brambling House, where over 50% of the cases seen were from the North East of the County.

The Child Guidance facilities in the North West have been especially developed due to the opening of the new Buxton Clinic in Bath Road during the summer. This means that in Buxton we now have extremely adequate accommodation ; my only regret is that we have no Speech Therapist or Psychiatric Social Worker to occupy the rooms allocated for them. Miss Joyce, who is the Educational Psychologist and I, however, are now able to do more satisfactory and intensive work with the children referred and it is also pleasing to have the services of a Secretary and Receptionist at this new clinic. This means that local doctors are now able to 'phone any day of the week and make appointments for disturbed children to be seen at a reasonably early date. The waiting list in this area is now quite small.

The Glossop Clinic has also moved to new premises and although we have not separate accommodation for Child Guidance there, Dr. Sutcliffe is very co-operative and there is never any difficulty about getting a room for interviewing children. Sessions are still held in Glossop on alternate Fridays, so work at this clinic has continued as in the past.

In the North East, the Hackenthorpe Clinic continues on a weekly basis and there have been the usual number of referrals during the year. It is now apparent that this particular area needs a weekly clinic as there appears to be quite a high delinquency rate. On giving this further thought, I believe this may be due to the fact that most of the children in this area are living on a housing estate to which they have been moved during slum clearance in Sheffield. At the moment there is still a lack of organised recreational activity for the youth of the area and I believe that Dr. Brill has given this serious consideration and is recommending that a Youth Centre be provided. Knowing her enthusiasm, I feel sure she will get someone interested in the project.

Further developments are also taking place at Brambling House and alterations were in progress during the Christmas holidays. This now means that the Child Guidance team for the Borough of Chesterfield and the North East can be accommodated under one roof, which is, of course, something I have been hoping for since my appointment. As the extent and scope of the work at Brambling House itself has increased, we have been fortunate enough to be provided with extra secretarial help, which has been necessary for some time. The work at this clinic has continued to increase, especially in the number of therapeutic interviews offered to parents and patients during the year—1,379 patients and 561 parents. The clinic is still without a Social Worker for the North East of the County, but Mrs. Ives has extended her work so far as her time allows and taken on quite a number of cases which were referred from the North East. There have been further requests for Court Reports, which I always find most interesting and rewarding.

On looking through previous Annual Reports, it is difficult to assess the type of child being referred to the Child Guidance Service. They seem to be grouped together under the heading of maladjusted, adjusted, improving, unadjusted, etc., which gives very little indi-

cation as to what sort of problem is being dealt with. I therefore thought it would be interesting to take the new cases referred to the north of the County and break them down under various diagnostic categories. The results are tabulated below and I hope these will be of interest to referring agencies :—

New cases referred in North Derbyshire (Buxton, Glossop, Matlock, and Hackenthorpe Clinics).

Nervous disorders ..	26	Habit Disorders (including 27 enuretics) ..	34
Behaviour Disorders ..	27	Organic Disorders ..	4
Psychotic Disorders ..	1	Educational and Vocational Difficulties ..	8
Normal Cases	9		

Making a total of 109.

It can be seen from these figures that the number of children referred for purely nervous disorders is about the same as those for anti-social activities. This I have found surprising, as I was under the impression that we were seeing more children with behaviour disorders than with any other kind of disturbance. The figures also show that about a quarter of the children referred to the clinics concerned were suffering from nocturnal enuresis of primary physiological type. Only one psychotic child was seen during the year. It was also interesting that only 9 of the cases referred were considered normal after investigation. The School Medical Officers and G.P.'s, therefore, are obviously referring very suitable cases and very little time is being wasted interviewing unnecessary material.

The hostels have been visited as usual during the year, but not nearly so frequently as one would have liked. This, of course, has been due to the pressure in the clinics, which has limited the amount of time available for visiting the children in hostel. I can see no way of improving the position in the future unless more time is allocated to the Psychiatrist for this purpose. The Hostel staff, however, always have ready access to the Psychiatrist if necessary to deal with crises and other problems and as they have expert experience in dealing with maladjusted children, one always feels that children in Hostel are well cared for and being given every consideration in dealing with their problems.

I would like to extend my thanks to the Principal School Medical Officer and his staff for the way in which they have looked after our interests during the past year. We have found them most obliging and co-operative in every way."

Dr. D. J. Salfield has provided the following **report on the work done in the Child Guidance Service in the South of the County during 1961:—**

"The work of the Child Guidance Clinic in the past year has progressed very much in the same way as before. The number of new cases has declined slightly in the county clinics but, on the

other hand, the number of interviews has increased considerably so that more attention has been given to each individual. The continued absence of a psychiatric social worker here is thus all the more a great handicap as total care of a family unit can, for many reasons including technical ones, progress only by close contact with the parents, including home visits.

The limitations with regard to in-patients treatment persist and no improvement of the position appears to be in sight.

It is perhaps, not justified to draw too definite conclusions from the small change in numbers of referrals but I, personally, note somewhat regretfully, a decline of referrals from the S.M.O.'s, which appear to have been halved. If the figures are compared with last year's, certain discrepancies will be discovered such as the number of closed cases. The great number closed in the past year has resulted from a review of cases and the decision to close those with whom further work appeared unlikely to occur and signifies entirely an administrative rather than a clinical change of view point.

The fitting of cases into categories is always a moot point and for simplicity current cases have now been categorised as "Some improvement" and "No improvement," whilst "Satisfactory progress" has been omitted, those making satisfactory progress appearing as "Adjusted" when their cases have been closed.

As previously we thank the County Medical Officer and his staff for their co-operation."

Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK		CHILD GUIDANCE WORK	
(1) Cases Closed during 1961 :—		(5) SUMMARY :—	
(i) Adjusted	40	(i) Number of "current cases"	280
(ii) Improving	87	(ii) Number of "closed cases"	304
(iii) Unadjusted	43		
(iv) Miscellaneous	53	Total Number of Cases dealt with during 1961 ..	584
(v) Diagnostic and advice only	81		
Total	304	(6) Number of Cases on Waiting List for first interview as at 31st December, 1961 ..	23
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—		(7) Psychiatrist's Interviews with Patients	727
		Psychiatrist's Interviews with Parents	663
Psychiatrist—		Psychiatrist's Visits :—	
(i) Making satisfactory progress	11	(i) to Schools	—
(ii) Some improvement ..	60	(ii) to Homes	10
(iii) No improvement	12	(iii) to Institutions	75
Total	83	Number of Interviews with Probation Officers, Social Workers, etc.	19
(3) Cases having only Occasional Interviews, or under Supervision :—		Number of Reports to Magistrates	9
(i) Making satisfactory progress	11		
(ii) Some improvement ..	83	(8) Educational Psychologists' Visits :—	
(iii) No improvement	31	(i) to Schools	179
(iv) Diagnostic and Other ..	75	(ii) to Homes	15
Total	200	Number of Child Guidance Cases tested	249
(4) Cases Recently Opened ..	10		

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officers	56
Private Doctors	49
Hospitals	5
Teachers	40
Courts and/or Probation Officers	5
Others	35
	190

Speech Therapy

The establishment authorises the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one mainly at Talbot House Special School). I have referred in recent Annual Reports to a shortage of Speech Therapists. At the beginning of 1958 we had the service of six whole-and two part-time Officers. Unfortunately, the position has gradually deteriorated, and at the end of 1960 we had the services of only two part-time Officers, both of whom left our service on the last day of the year for domestic reasons. During 1961 we were able to appoint only one whole-time Speech Therapist (in Chesterfield, from 1.9.61) and one part-time Speech Therapist (to serve for 4/11ths of whole-time in the South of the County from 9.10.61). The shortage of Speech Therapists appears to have been general in the midlands and the north of England, as will be seen from the following reference to this problem in the Report of the Chief Medical Officer of the Ministry of Education for 1958 and 1959, where it is mentioned that most "areas in southern England had no difficulty in obtaining Therapists . . . Some rural, and northern and midland industrial areas, and some in Wales, however, had been without Therapists for years and had no replies to repeated advertisements ... In November 1958, all principal school medical officers were asked how many additional Therapists their Authorities would employ if there was no shortage of applicants. The replies showed that at that time the equivalent of 362 whole-time Therapists were employed by local education authorities, and that 123 more were required. Ordinarily, with eighty students qualifying annually, it would be reasonable to expect this deficiency to be made good in a few years at most; but early marriage among the Therapists upsets all reasonable calculations."

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The following steps are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis :—

(i) *Teachers :* An x-ray examination is enjoined for teachers entering the profession; students completing training are X-rayed and the results made available to the College Medical Officer; teachers entering service otherwise than from College are x-rayed as part of

their medical examination on appointment; and the attention of the teachers on the staff of the Authority has been drawn to the advisability of their taking advantage of the facilities provided by mass radiography units from time to time.

The Ministry's requirements are, of course, observed concerning the suspension from and return to duty of a teacher found to be suffering from respiratory tuberculosis.

(ii) *Staff other than teachers :* The Committee decided that full-time staff in the categories mentioned below should be required to undergo an X-ray examination on appointment; that the Ministry's rules concerning the suspension from and return to duty of a teacher suffering from respiratory tuberculosis be applied to them; and that their attention be drawn to the desirability of being x-rayed annually —

> Residential staffs of boarding schools and homes ; staffs of nursery schools ; clerical assistants ; welfare supervisors ; laboratory assistants ; caretakers ; school meals staff (except those at central kitchens).

It is customary for the Director of Education to send a Monthly Circular to all Schools, and this medium is used to keep the matter before the staff, at the same time giving details of the facilities available for free x-ray examinations (e.g. the whereabouts from time to time of the mass radiography units).

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. Applicants who are school pupils are generally examined by the School Medical Officer of the area in which they live. Applicants for admission after national service, or after a course of training not taken under the Training of Teachers Regulations, or mature entrants, who have had no recent connexion with the school health service, are examined by the School Medical Officer of the area in which they reside (which will often be the area in which they attended school).

The Minister of Education has said that it is not practicable to require an x-ray examination of the chest of all entrants to training (although of course, an x-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined by the School Medical Officer of the appointing education authority. It is a requirement of the Minister of Education that an x-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College ; students completing training are x-rayed and the results made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers :—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools	389
Entrants to the teaching profession	103
X-ray examinations of entrants to the teaching profession and temporary teachers	131

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 619 pupils desiring to undertake part-time employment, and a certificate of fitness was given to 617.

PREVENTIVE INOCULATIONS

Details are given in my Annual Report as County Medical Officer of Health of various schemes for providing preventive inoculations against several diseases. These schemes come under the jurisdiction of the County Health Committee, as the services are provided under Part III of the National Health Service Act. However, since school children derive much benefit from them it is fitting to refer briefly to them here, particulary as the help and co-operation of Teachers is of great value to this aspect of the health services.

The arrangements for providing the inoculations continue on the lines which have been outlined in earlier Reports. The conditions against which protection is offered are as follows :—diphtheria, poliomyelitis, smallpox, tetanus, tuberculosis and whooping cough.

The numbers of children between five and fifteen years of age who were immunised against diphtheria, smallpox, or whooping cough were as follows :—

	Primary Immunisations	*"Booster" Doses*
Diphtheria	2,400	6,808
Whooping Cough	461	—
Smallpox	232	66

During 1961, 40,547 Derbyshire patients were given two injections against poliomyelitis and 30,342 received their third injections. From the inception of the scheme in 1956 up to 31st December, 1961, the total number in this County who had received two injections was 248,732: of these 207,944 had received three injections and 41,954 children received fourth injections.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis. The object of this form of vaccination for school-children is to provide them with some protection against tuberculosis when they leave school and are more likely to come into contact with the disease. Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supply the materials for skin testing and the actual B.C.G. The School Medical Officers carry out this work and it is essential they be trained in the technique of the procedure. The County Health Committee has therefore sanctioned them attending approved courses of instruction. The scheme came into operation to a limited extent towards the end of 1957, and at that time it was confined to children between thirteen and fourteen years of age. In 1959 the Ministry of Health approved an extension of the scheme to children of fourteen years of age and over, and to students attending Universities, Teacher Training Colleges, Technical Colleges or other Establishments of further education. The following figures give details of the numbers dealt with during 1960 and 1961 :—

	Schools		Establishments of further education	
	1960	1961	1960	1961
Number of schools or establishments of further education	79	75	3	4
Number of children or students offered B.C.G. vaccination ..	12,777	9,459	117	390
Number of children or students whose parents gave consent and who were skin tested	8,752	6,032	64	220
Number found "positive"	2,043	1,178	34	28
Number found "negative"	6,480	4,644	30	185
Number vaccinated with B.C.G. ..	6,369	4,566	30	175

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers, but I must state that while it is important that they should be free to express their opinions on the physical conditions that they find in schools, both the Director of Education and I feel, in all fairness, that it should be borne in mind that the Education Committee are carrying out improvements as rapidly as they are permitted within the financial limits imposed by the Ministry of Education, who are responsible for the allocation of the "financial cake" which is available for the country as a whole.

Dr. JULIA CORRIGAN, the Senior Medical Officer for the School Health Service and for Health Education :—

"**Health Visitors in Schools :** Health Visitors are able to devote more time to other duties in schools now that they have been relieved of so much routine work by the Medical Officers' Attendants. An eye-testing examination of all eight year olds is done by the Health Visitor and at this she makes a general assessment of the child and can report to the Medical Officer if she thinks the child needs a special examination.

Hygiene inspections for cleanliness must go on until infestation is eradicated, but the very great improvement in the figures, following the introduction of Lorexane shampoo two years ago, makes us hope that this will not be too far away.

Health Education : Both School Doctors and Health Visitors have given talks on health in schools : the subjects covered every aspect, but the most common were, personal hygiene, care of the teeth, smoking and lung cancer, and home safety. Films, film-strips and leaflets have been used to back up the talks. Many doctors take leaflets on their favourite subject to give to the mothers and older children at the routine school inspections.

One school put on a special Health Week. Our exhibitions on home safety, care of the teeth, care of the eyes, care of the feet, smoking and lung cancer were in the school for the whole week. Films on health topics were shown every day. The Health Visitor and School Medical Officer spoke to each class. Parents came to an evening meeting for a film-show and discussion. Many schools borrowed films and film-strips from our Library for their own use."

Dr. M. SUTCLIFFE (Part of N.W. Division) :

"(1) *The general health and well-being of the majority of the children* was satisfactory and the standard of clothing and cleanliness was very good.

(2) *The physical condition of the children :* The steady improvement shown during the last few years in the physical condition of the children was maintained in 1961, the percentage classified as unsatisfactory being 1.42%. Dental caries was again the commonest defect found. A few overweight children were encountered but with two exceptions the condition was considered to be due to hereditary influence as one or both parents were of similar build.

(3) *Cleanliness :* For the second year in succession there was a substantial fall in the number of verminous children. The rate of 3.8% for 1961 is the lowest on record. Twelve cases of impetigo and five of scabies were treated at the Minor Ailments Clinic.

(4) *School meals; the Milk-in-Schools scheme :* On a given day in October, 45.34 per cent of pupils in attendance at school had school dinners, compared with 45.09 per cent in 1960. Well-balanced nutritious meals were provided and the children were taught to appreciate a varied diet. Unfortunately it was difficult to serve the meals attractively in some of the primary schools where overcrowded halls and classrooms were used as dining rooms, but progress is being made in the provision of modern canteen facilities.

On a given day in October, 86.75 per cent of pupils participated in the milk-in-schools scheme, compared with 83.1 per cent in 1960. This beverage is most popular in the outlying primary schools.

(5) *Hygienic conditions in schools :* A few improvements in hygienic conditions have been effected. In the inconvenient, cramped premises of some of the older primary schools it is impossible to provide kitchens and dining rooms. The only solution is a completely new building for the purpose. One such building has recently been completed and should be functioning early in 1962.

In many schools accommodation for school medical inspections and cleanliness surveys is makeshift. A new school built in 1961 is the only one in the area with a suite of suitably equipped medical inspection rooms.

(6) *Infectious diseases :* Of the 55 cases of infectious diseases reported by head teachers, chickenpox accounted for 14 and infectious hepatitis for 29. The outbreak of the latter disease occurred from the beginning of October until the end of December and all but five of the patients were of primary school age.

(7) *Immunisation procedures :* (i) Diphtheria immunisation :— Immunisation clinics were held regularly throughout the year. The attendances for primary courses were almost the same as in 1960, but fewer re-inforcing doses were given. There is still a tendency for parents to forget the necessity of maintaining immunity when the child reaches school age.

(ii) Whooping cough :—Immunisation against whooping cough is now an important part of the work of the preventive health services. A few older children, born before whooping cough prophylaxis was included in the clinic immunisation programme in 1958, attended for the primary course.

(iii) Tetanus :—In 1961, there were more requests for this very important protective measure, particularly for older children.

(iv) B.C.G. :—The demand for B.C.G. vaccination was disappointing, 72.1% compared with 82% last year. However, it is pleasing to note that there was a sharp fall in the number of positive tuberculin reactors, from 33% in 1960 to 12.64 %in 1961.

(v) Poliomyelitis :—The poliomyelitis clinics were much busier than last year. From June onwards re-inforcing fourth doses of vaccine were given to the most susceptible section of the population, namely, children of primary school age. The response from the older members of the community showed a sudden increase at the end of October following the occurrence of a case of paralytic disease in the area. Neither the patient nor the other members of the family had been vaccinated.

(8) *Inter-relationship between the National Health Service and the School Health Service :* There is close co-operation between the School Health Service and the general practitioners who provide

useful information about handicapped children under their care. We welcome their reports and reciprocate whenever possible by making known to them the facilities available to these children under the School Health Service."

Dr. F. D. F. STEEDE, (Part of N.W. Division) :—

"(1) At the outset I should like to express my satisfaction that the district has now been equipped with a new County Council Clinic, which not only houses the Infant Welfare and Maternity Clinics, but also the Child Guidance team to whom I cannot but pay tribute for the help and advice I have received from time to time; and also a modern dental suite, alas, so far untenanted.

(2) *General health and well-being, and physical condition of the children :* The general health of the schoolchild and the standard of child care in the district is of a very high order indeed and one must pay tribute to the vast majority of parents who endeavour by all means possible to ensure that their children are brought up to the best possible advantage. The physical condition is on the whole excellent, though dental caries, I am sorry to say, is very prevalent indeed in spite of strenuous efforts by the overworked local general dental practitioners on whom the burden largely falls. While there is little doubt that the increased consumption of carbohydrate is a large factor, at the risk of being wearisome I feel obliged to stress the necessity for the adjustment of the deficiency in the level of fluorine in the mains water supply at as early a date as possible—this "well proven public health measure" now almost universal practice in the United States is long overdue.

(3) *Cleanliness of pupils :* Satisfactory. The few cases of pediculosis capitis which do occur are diagnosed monotonously in the same children, which seems quite astonishing in view of the ease of eradication with the modern agents for disinfestation available, indicating a hard core of resistent infestation in the home. No case of scabies occurred in Buxton, though a case in a nearby district was brought to my notice—the first I have seen for some years.

(4) *School meals; Milk-in-schools scheme :* Satisfactory. I am glad to say all schools in my care are supplied with pasteurised milk.

(5) *Hygienic conditions of schools :* I am glad to say that headway has been made during the year in improving the condition of several schools. One cannot be satisfied, however, until all schools are equipped with hot water for hand washing, and toilets which can be approached from under cover—in my opinion a necessity in the climatic conditions which appertain here for a part of the year.

(6) *Infectious diseases :* In the early part of the year there was a brisk outbreak of influenza which adversely affected the attendance of all the schools, and which was due to the Asian A.2. virus which was isolated locally in collaboration with Dr. Gillespie of the Public Health Laboratory, City General Hospital, Sheffield. Later in the year measles was universally prevalent in the primary schools and there were 461 cases reported. Infective Hepatitis declined, but we

continued throughout the year to have the sporadic case reported, and at least twenty cases are estimated to have occurred. For the last six months it has been the practice, with the co-operation of the local general practitioners, to protect the close family contacts with gamma globulin, and only one overt case in contacts has occured where it seems likely the disease was being incubated at the time the gamma globulin was administered, and which in any case was very mild. In view of the possible connection between the virus of infective hepatitis and that of homologous serum jaundice I welcome the probability that in the future the sterile disposable type syringe is likely to be standardised equipment in the County health services.

(7) During the year special emphasis has been made in locating and dealing with cases of *nocturnal enuresis*, and in suitable instances (nine) an enuresis alarm has been used with no failures, though it has been necessary on some occasions to have the machine on loan for periods in excess of six months. I feel that the importance of relieving this condition cannot be overstressed since I feel sure that it must well be responsible for a considerable amount of mental ill health apart from the physical inconvenience.

(8) During the year I have made very determined efforts to ensure that the facts with regard to smoking and lung cancer are brought to the attention of those children in their first year at the Secondary School. I have used very largely with, I feel, encouraging results the filmstrip (kindly loaned from the Library of material built up in the County Health Department) which has been produced by the American Cancer Society for this purpose.

(9) *Immunisation procedures :* In this town vaccination against whooping cough and diphtheria and tetanus as a primary procedure is almost entirely in the hands of the general practitioners, who have been using the triple antigen for many years, and it is to their credit that the immunization rate stands at a very high level. Poliomyelitis vaccination too has largely been in their hands, but not entirely, and this also I am glad to say as far as the school child is concerned has also reached a high level. I have covered all the schools for which I am responsible as regards B.C.G. vaccination, and I am glad to say that acceptances are increasing while the number of positive reactors are showing a decline and in the most recent session was approximately 10%.

(10) *Inter-relationship of the National Health Service and the School Health Service :* Relationship between myself and the general practitioners in the town is very good indeed, and I continue to get reports from both the Ophthalmic and E.N.T. Specialists on all school children. I need hardly say this is of very great value and I should like to have them from all other specialists as a routine."

Dr. G. KUTTNER (Part of N.W. Division) :

"(1) The standard of *general health and well-being* of school children remains satisfactory on the whole.

Adverse factors to well-being are : (i) too much televiewing which keeps children indoors when they should enjoy outdoor activities

and for which too many pupils, even of infant-school age, stay up too late. They arrive at school in the morning tired, physically and mentally, owing to the inability of many parents, often addicts themselves, to prevent their children from watching late and unsuitable programmes ;

(ii) the increase in cigarette smoking amongst boys and girls alike, which I have encountered in junior schools. It is on the whole a desire to "show off" but, once these children have started the habit, many of them find it difficult to discontinue it.

(2) The *physical condition* of children is, on the whole, good. Epidemics have mainly been mild and absence from school is mostly due to respiratory infections. There have been a few cases of severe rheumatic fever, complicated by rheumatic carditis in my area and I hope that this is an isolated observation.

I am rather alarmed about the number of pupils found to be suffering from mild to severe hearing defects. Whereas up to last year, 2 children in my area had to use a hearing-aid there are now 9 pupils wearing one (plus one 2 year old pre-school child). In addition to these I had to send a fair number of children to E.N.T. Specialists, children whose hearing I found to be sufficiently defective to require their attention.

(3) The *cleanliness* of the pupils is satisfactory apart from the few well known exceptions who resist even the untiring efforts of the Health Visitors.

(4) The majority of pupils avail themselves of school meals and of the *milk-in-schools* scheme, much to their benefit.

(5) There is still much to be desired in some old schools regarding *hygienic conditions* and dining-room facilities.

(6) The demand for *immunizations* seem to be on the increase in Infant Welfare Centres but not so at the school-age level. Most readily accepted are the poliomyelitis and B.C.G. vaccination schemes."

Dr. W. GOW (Parts of N.W. and N.E. Divisions) :

(1) The *general health and well-being* of school children remains very good.

(2) *Physical condition* also good. Under-nutrition very rare. Over-nutrition much more common resulting in obesity.

(3) *Cleanliness* of pupils among younger children is excellent. Not so good among some older girls and boys. Few cases of impetigo, no scabies seen. Pediculosis almost exclusively confined to a few problem families.

(4) *Milk-in-schools* continues to benefit those who take advantage of it. Biscuits slightly less in evidence. *School meals* remain the same, a tribute to the skill of those who prepare so good a meal under the standards laid down. I still consider that fruit should be available

instead of suet-pudding perhaps as an optional extra, to be paid for at the time of the meal ; after all no complaints seem to be made about the financial side of the sale of biscuits during break.

(5) *Hygienic conditions :* These remain uneven.

(6) Immunisation procedures :—(i) *Against diphtheria :* The "Campaign" begun in late 1960, following the cases of diphtheria in Derby, was completed. Very many parents imagine that reinforcing doses at 5 years take place automically at school without their consent being sought.

(ii) *Whooping-cough vaccination :* This was sought by parents for young babies during late 1961 following outbreaks of the disease.

(iii) *Tetanus immunisation :* Sought by an increasing minority for their children.

(iv) *Poliomyelitis vaccination :* Continued at a high level throughout the year.

The most striking thing about all the above is the inability of parents to state for which diseases their child has been protected. In very many cases they do not seem to know at all whether their child was immunised with triple antigen or for diphtheria and whooping-cough only. I feel there should be more publicity to parents about the need to know whether their child has been actively immunised against tetanus.

(7) *Relations with the National Health Service* have remained excellent. The School Health Service would be useless without the co-operation of both the family Doctors and the staff of the Schools, and I am most grateful to all in my area."

Dr. D. R. McCAULLY (Parts of N.W., N.E. and Mid. Divisions) :

"(1) The *general health and physical condition* of the children in my area is uniformly good. Any exceptions to this rule can be ascribed to families and individuals rather than to particular districts or schools. Of these families no more than about six are known to me in the entire area, whose children appear dirty, anaemic and undernourished. The cause for this is difficult to determine and can only be found by an individual approach, as there is no common denominator. I would say that high on the list are housing difficulties—some of them live in Caravan sites—and, also, feeble-mindedness of one or both parents—particularly the mother. The difficulties in the way of health education are almost insuperable in these cases, especially when the parents are middle aged or elderly, for it is difficult "to teach an old dog new tricks" or, indeed, to change the habits of a life time. However, where the parents are young, it is to be hoped that some progress can be made in educating them to some reasonable standards of cleanliness and home management. The majority of these families, I find, have television sets, washing machines etc, but lack any appreciation of good food and how to prepare it. It is to such fundamentals, rather than to the niceties of hygiene which, in my opinion, health education should be directed. For, in spite of an ever increasing spate of information, being poured

out to the public over the television, particularly on medical subjects, one still finds these families living in a condition of real filth and chronic undernourishment, due to mismanagement rather than to any real material need.

(2) I found the incidence of *contagious disease* to be extremely low. I did not see any cases of pediculosis and only a few cases of scabies, ringworm mainly from cattle infection, impetigo and flea infestation.

(3) The *school meals* and *milk-in-schools* schemes are functioning very well in my area. I consider the School Meals Service to be of paramount importance in the health of the school child, and I do not think that the importance of a child receiving a good hot meal in the middle of the day can be over-stressed.

(4) The *hygienic condition of the schools* is, in general good. A few of the smaller schools still lack hot water for washing. This is desirable but not essential. In any event, it is hoped to be shortly rectified. Heating, ventilation and sanitation are generally satisfactory.

Lighting. I think that more attention should be paid to this, especially in the smaller schools.

(5) Of the *immunisation procedures*, B.C.G. has been offered at all the Secondary Schools and the response has been good. "Booster" doses of diphtheria prophylactic have, also, been offered at the primary school medical inspections, although most of this work is, in my area, carried out by general practitioners. Poliomyelitis vaccination sessions have been held at Clinics at regular intervals, with a good response. A start has been made in using sterile disposable syringes and needles at schools and Infant Welfare Clinics, and I have found these to be most satisfactory and time saving where small numbers are dealt with.

(6) A number of children have been referred to me by teachers with complaints of being "deaf" in class. None of these children were sufficiently deaf to require hearing aids. One boy of fourteen was so referred, and the audiometer test, which had previously been done, showed him to have a very marked hearing loss in both ears. Subsequent exhaustive tests by an E.N.T. Specialist showed him to have normal hearing. I feel that each case of suspected deafness needs a very careful investigation and appraisal, bearing in mind that probably the commonest cause of "deafness" in children is inattention. This should include testing by simpler methods, such as the "whisper test."

(7) *Speech Therapy*. There is a tendency, which is in my opinion to be deplored, to refer children at or shortly after school entry for speech therapy, because of minor speech defects which are said to be "holding the child back" at school. As the vast majority of these cases are merely due to a persistence of childish or infantile speech due to slow development—a child of 5 years may well have an age of 4 years or less from the point of view of general development—I

think that a much wiser course is to wait and see the effect of a year's schooling which usually "cures" the speech defect. In one such instance, amongst many, a child of 5 was rightly referred to me because of a minor speech defect. On my next visit to the school, about a year later, on examination the child's speech was quite normal and there was then no trace of the original defect.

(8) In conclusion, I would stress that the examination of any individual child, in my view, entails tapping all the available services of information, including the parents, general practitioners and teachers. I can see little value in examining large numbers of school children without their parents being present, and think that every effort should be made in order to persuade them to be present at all the School Medical Inspections. With regard to the general practitioners, I have always either written to or seen the private doctor, in appropriate cases, and have found this co-operation to be most helpful. Teachers are encouraged to refer any abnormality, however trivial this may or may not appear, for investigation, as their observation of the children over a long period is invaluable and enables them to know their pupils in a manner denied to the School Doctor, who only visits the school at rather infrequent intervals."

Dr. B. E. JOHN (Parts of N.E., S.E. and Mid. Divisions) :

"(1) *General Health and well-being of the children* remains uniformly good. The higher wages and standards of living prevalent at the present time are reflected on the general condition of the children.

(2) *The physical condition of the children* is good with the exception of the condition of the *teeth* which seems to remain carious from the time the child is first seen until it le ves school. It is very difficult to impress on the parents the importance of dental care when there are either no facilities or very inadequate one to provide it.

Defective vision remains the most prevalent undetected disability as most other conditions have produced symptoms of some sort or another and have been seen and treated by the general practitioner.

Several cases of *partial deafness* have been brought to my notice and audiograms have been performed with the kind co-operation of Mr. Rawden : these have been very helpful. The majority of these cases have not been sufficiently severe to require hearing aids and have been dealt with by suitable positioning in the class.

(3) *The cleanliness of pupils* remains good on the whole and pediculosis was mainly seen in known problem families. No cases of impetigo or scabies were seen. The cleanliness of the children mainly reflects the standard of housing. Children who live in post war council houses have a considerably higher standard of cleanliness than some of those living in rented accommodation with no bathroom and hot water systems.

(4) *School meals ; the Milk-in-schools scheme.* School meals remain of a high standard where cooked on the premises but lose a considerable amount of their flavour when transported. Milk in schools provides a supplement to the already adequate diet of the children.

(5) *The hygienic conditions of schools* depend to a large extent on how long the school has been built. The best use is made of available facilities but to provide really hygienic conditions building is necessary in the older and particularly more rural schools.

(6) *Infectious diseases.* Mumps and chicken pox have occurred in the schools in this area recently.

(7) *Attendance of parents at school medical inspection* remains high at the five year old level, drags substantially at eleven and drags even further at the school leaving age. I have tried to encourage the attendance of parents at re-examinations as I feel that these are virtually useless at the age of 6 and 7 without the attendance of the parent.

(8) *Immunisation procedures :* (i) *Diphtheria immunisation.* The incidence of immunisation is high and a number of injections are given to school entrants, more particularly booster injections.

(ii) *Whooping cough vaccination* has been very limited, triple antigen being given to most infants by their general practitioner.

(iii) *Poliomyelitis vaccination.* There has been some demand for poliomyelitis vaccination at infant welfare clinics recently, and this seems quite a convenient arrangement.

(iv) *B.C.G. vaccination* now seems to be becoming widely accepted and in a vacant area near my own, parents felt that they were missing something as their children had missed B.C.G. vaccination at that particular time.

(9) The inter-relationship between the N.H.S. and S.H.S. remains of great importance and is good in this area."

Dr. T. URTSON (Part of N.E. Division) :

"(1) *The general health and well-being* of children continues to be satisfactory.

(2) The *physical condition* of the children was good and only few were classified as unsatisfactory. Of 1,817 children examined, 23 had asthma, 30 had perforated or scarred ear drum and two had epilepsy.

At the routine Medical Examination I recorded all the cases of persistent nail-biting. Of 1,817 children seen 634 were nail biters.

First Age Group	Of 272 boys seen	73 were nail biters
	Of 235 girls seen	72 were nail biters
Second age group	Of 196 boys seen	70 were nail biters
	Of 242 girls seen	140 were nail biters
Leavers	Of 432 boys seen	161 were nail biters
	Of 437 girls seen	118 were nail biters

No detailed investigation into the causes was carried out, but I had the impression that in most cases the nail biting was just a habit and not a sign of stress and anxiety.

(3) The *cleanliness* of pupils was excellent in the younger age groups, but I was disappointed to find an increasing number of leavers (girls) with nits in their hair.

(4) The *School Meals* continue to be satisfactory and the hygienic standards in the kitchens and canteens is improving each year.

(5) Much has been done during the past year to improve the condition of out-door toilets—the urinals have been covered and flushing systems installed.

(6) (*a*) The attendance of parents was good in the case of five year olds but disappointingly low in the second and third age group.

(*b*) The *health education* in the schools is now well established and organised, and carried out by the Health Visitors and School Nurses.

(7) (*a*) At the School Medical Inspection I found that the majority of children had been vaccinated against poliomyelitis.

(*b*) The demand for diphtheria, whooping cough and tetanus immunisation is increasing."

Dr. F. G. BRILL (Part of N.E. Division) :—

"(1) *The general health and well-being of the children* has remained at its usual high level, and can be taken as an accurate index of the affluent society.

(2) *The physcial condition of the children* was on the whole excellent. A fairly constant number of children varied from a state of mild over-weight to gross obesity, and slimming regimes are not popular, partly because of the extra expense of high protein food-stuffs and fruit, partly because of the self-restraint necessary to produce adequate weight loss.

The dental state in the children remains lamentable, but years of constant campaigning are now beginning to show results, and the dental fitness in the Secondary Schools has increased from 20-25% fit to 30-35%. Without a dentist on the staff, it is, however, not possible to form an accurate estimate. More parents are coming round to accepting early dental care and conservation treatment in quite young children.

(3) *Cleanliness of the pupils.* With the exception of the problem of substandard families, whose children are more or less constantly infested and thus are sources of infestation for their class mates and play fellows, all children seen were clean.

Impetigo is rare and no advanced cases were noted.

(4) *School meals ; Milk-in-schools scheme.* All meals sampled were appetising and nutritious.

The milk scheme works, and in the schools where the sale of biscuits has been stopped, there is a more marked trend towards better oral hygiene.

(5) *Hygienic Conditions of Schools.* This has not changed for better or worse in any of the schools inspected over the past few years. The old schools continue to cope with their inadequate and antiquated plumbing, ventilation and lighting. In the large schools with much traffic, sound proofing of the medical room would be of great value, and save time and trouble. In the schools where the medical rooms can be overlooked by class rooms or playing fields, etc., Venetian blinds or net curtaining should be provided.

(6) *Infectious diseases.* There was the normal incidence of childish ailments, but most cases were mild. There was no outstanding rate of incidence of any one infection. No case of poliomyelitis occurred amongst any of the pupils or pre-school children, probably due to the high level of protection by vaccination among the children. One case of typhoid occurred in a pupil.

(7) *Immunisation procedures :—*

(*a*)	Smallpox :	Increasing numbers of parents are accepting vaccination for their young infants and older children. The response has been most gratifying.
(*b*)	Diphtheria :	Most mothers prefer to take their children to the family doctor for the short course of triple antigen and clinic demand has consequently diminished.
(*c*)	Whooping Cough :	
(*d*)	Tetanus :	
(*e*)	Poliomyelitis :	Regular sessions were held but the numbers were smaller mainly due to the general high level of acceptances in the past.
(*f*)	B.C.G. :	Acceptance rate for this measure is gratifyingly high, as much as 95% in one school, and never below 80%. It is no longer considered a novelty, and most children treat it as a matter of course. Positive tuberculin re-actors vary in percentage from school to school, from 10-25% approximately, but last year a downward trend became apparent. I would like to express my appreciation of the help given me by the staff of the Queen's Road Chest Clinic in Sheffield, and the Sheffield M.M.R. Unit, who have taken over the X-ray examination and follow-up of the positive re-actors.

(8) *Medical Stress of Examinations.* I have become increasingly aware of a group of children who exhibit definite psycho-somatic symptoms, in some cases commencing in their last term at primary school, in others towards the end of the summer vacation, or at the beginning of the first term at secondary school. On re-examining these children a year later, their symptoms had resolved without recourse to any treatment.

It may be appropriate to mention here that full use is made of the Child Guidance Clinic and it has been a great help to me to have Dr. F. G. Thorpe available to advise in a great number of cases showing emotional and psychological disorders.

(9) *Inter-relationship of the N.H.S. and School Health Service.*

The Sheffield Hospitals have continued to give me any assistance or information required, and have at all times been most helpful. I would like to record my appreciation here.

During the past year a close working relationship between the School Clinic, the Children's Department, and the Sheffield Family Service Unit, has continued to our mutual advantage and to the benefit of the parents and children under review.

Since I have come to live in the area, I have had ample opportunity to observe the children out of school hours, and my previous conviction that there was something lacking in their leisure activities has become much stronger. As previously reported, there is no provision on a sufficiently large scale for out of school activities and particularly the younger age group are neglected. I would like to put in a plea for the provision of adventure play grounds which are being so successfully run in Denmark and Sweden and in about 12-16 other areas in Britain. These would be ideal to stimulate the children's sense of adventure, exploration and even danger, and canalise the normal boy's aggressiveness and destructiveness away from damaging public and private property, and keep a substantial number of children off the streets and away from the police courts.

There is apparently ample waste land and the provision of the scrap needed to furnish these playgrounds should present no difficulty. If nothing positive is done for these children unimaginative society will have failed them."

Dr. E. SINGER (Part of N.E. Division) :

"(1) *General health and well-being* of children is good.

(2) *Physical condition* of good standard apart from a very high incidence widespread dental cases.

(3) Standard of *cleanliness* is good—pediculosis confined to an occasional well-known "problem" family only.

(4) *School meals* in general are good—mobile scheme satisfactory.

(5) *Hygienic conditions of schools* are satisfactory. Facilities for school medical inspections range from good to bad.

(6) *Infectious diseases.* A mild epidemic of mumps, otherwise nothing noteworthy.

(7) *Immunisation procedures :—*

(*a*) Diphtheria :
Whooping cough :
Tetanus : } given in infancy by G.P.'s, generally speaking.

(*b*) Booster doses for diphtheria given to school entrants by S.M.O.

(*c*) Poliomyelitis vaccinations—There are "pockets" of unimmunised families which we come across, otherwise the numbers vaccinated are satisfactory.

(*d*) There have been no recent sessions of B.C.G. vaccinations in this area."

Dr. A. R. ROBERTSON (Part of N.E. Division) :

"I am Medical Officer for Shirebrook Grammar School only. There is very little to report because the general health and well-being of the children is very satisfactory, as is their physical condition and their cleanliness. The most common abnormality is defective vision. All children with this are observed regularly."

Dr. P. WEYMAN (Part of Mid. Division) :

"(1) It has not been possible to complete the routine examination of all children in the schools allocated to me during the year. Much time has been spent on examining children for admission to *a new special school* and on checking of records and examining children who have been admitted to this school.

(2) The *general health and well-being* of the children remains satisfactory. In one instance children from a broken home taken into care by the Children's Department showed a very great improvement.

(3) The progress of *special classes* in the ordinary schools has produced happier children whose problems now receive adequate attention. There has been a remarkable change in this way amongst children admitted to the new special school.

(4) The *physical condition* of the children is also good. There are some exceptions and we do all we can to help these children.

(5) No children with impetigo or scabies have been seen by me. There were only a few children found with pediculosis. Exclusion was not required. The School Nurse reports a low incidence found during her visits to school.

(6) *School meals* continue as before and no complaints have been received.

(7) Much might be said about *sanitation in schools.* However, most of the criticism is directed at the lay-out. If school lavatories were used evenly throughout the day no doubt the accommodation provided could be considered satisfactory. There are, however, peak periods such as breaks and lunch time. Neither the floor space provided nor the arrangement of equipment make it possible to arrange for an even traffic flow. Much more thought is necessary about lavatory accommodation.

(8) *Infectious diseases* followed their usual course. There was some epidemic vomiting.

(9) Discussion and propaganda on *vaccination and immunisation* has been carried out throughout the year. It is amazing how well parents respond to the personal approach but ignore general publicity.

(10) There is a good relationship between general practitioners and the School Health Service in this area.

It is a pleasure to report the pleasing co-operation existing between my staff and the members of the School Health Service in the Central Office at Matlock."

Dr. W. J. MORRISSEY (Part of Mid. Division) :

"(1) *The general health and well-being of the children.* During the year 1961, the general state of health of the children attending schools in my area continued to be satisfactory.

(2) The *satisfactory physical condition* of pupils reported last year was maintained. I found no child who is undernourished and very few badly or inadequately clothed or shod.

(3) *Cleanliness.* General cleanliness among school children continued to be satisfactory. Head inspections have been regularly carried out. There still remain, however, a small core of problem families in whom pediculosis and impetigo continued to recur at varying intervals. Visits have been paid to these families by the Health Visitors but little or no progress seems to be made in spite of this.

(4) *School meals.* The position regarding school meals in schools in this area continued to be the same as heretofore. Two schools in the area have dining rooms which are unsatisfactory and in one instance, the dining room is located in a Church Hall some distance from the school, and this necessitates a walk of about quarter of a mile by the children between school and dining hall in all weathers.

Washing up and serving facilities in all schools continued to be satisfactory as were the cleanliness of utensils and staff. In only one school are meals prepared on the premises and here conditions are satisfactory. Several complaints of a fly nuisance were received from this school during the year, but the fitting of fly screens effectually remedied this.

(5) *Hygienic conditions.* All of the schools in my area are old but during the year certain works of improvement have been carried out some of the outside water toilets in playground yards are being dealt with.

(6) *Attendance by parents at R.M.I.'s.* Attendance by parents at medical examinations of infants is excellent but the number of parents attending medical examinations at secondary schools has fallen off.

(7) *Immunisation procedures : Diphtheria immunisation :* Little diphtheria immunisation has been carried out in schools. The outbreak of diphtheria in Derby during the year seemed to result in the parents who were either interested or willing to have their children immunised against diphtheria requesting primary or booster doses before the children started school.

Poliomyelitis vaccination : No vaccination against poliomyelitis was carried out at schools during the year. Clinics for this purpose are held once a month at the Belper Clinic.

B.C.G. vaccination : Visits were made to the two senior schools in my area during the year. The numbers coming forward were smaller than those in the previous year, but it is expected that they will rise during 1962.

(8) *Co-operation with General Practitioners* in my area is excellent the local doctors are very helpful indeed, and relations with them are most harmonious.

I would also like to express my appreciation to Mr. Fish, the Educational Psychologist at Belper, who has been most willing to see children I have referred to him and whose reports on these children are always clear and concise. Here again relations are most harmonious.

(9) *Infectious diseases :* Measles and influenza were prevalent in the district in the early part of the year and gradually tailed off towards the summer months. The number of absences from the schools was not too great and none of the schools had to be closed. There were several recurrences of diarrhoea and vomiting throughout the year although there were no large outbreaks and no bacteriological causes were found."

Dr. J. DUTHIE (Part of Mid. and S. Divisions) :

"Generally good health was found throughout. There is evidence that parents are consulting their private doctors on behalf of their children to an increasing extent.

Defects found in order of decreasing frequency in the school population of 4,500 *:*

Errors of refraction and a less number of minor foot deformities form the largest group.

Recurrent bronchitis or asthmatic bronchitis—most cases resolve as the child gets older.

Stress illness such as asthma, eczema and enuresis form a hard core.

Obesity presents a constant number of cases, nearly all of which are the result of over eating.

Chronic middle ear disease cases numbered six, a condition which is seen less and less.

Bronchiectasis—two cases.

Congenital heart disease—five cases.

Chronic nephritis—one case

Coeliac disease—one case.

I know of no cases of cardiac damage as a result of rheumatic fever.

No child was undernourished. I have rarely seen a poorly clad or dirty child. There was one case of pediculosis capitis.

School meals are satisfactory in quality and quantity for any child or adult.

Sickness in school. It does happen that a child comes to school feeling unwell because the mother wants to avoid, as far as possible having to take time off work; the school is then faced with the job of caring for the child for the rest of the day. This can happen in the case of a child with a chill, abdominal pain, 'flu' symptoms or an infected throat, when the proper treatment is bed rest at home. The too free administration of aspirin by teachers to children who are feeling unwell is to be condemned."

Dr. G. STOREY (Parts of Mid. and S.E. Divisions) :

"(1) *General health and well-being.* This remains of a good standard as in previous years.

(2) *Physical condition of children.* This on the whole remains good.

(3) *Cleanliness of pupils.* Apart from a few isolated cases of head infestation there is no reason for complaint in this direction.

(4) *School meals ; milk-in-schools.* There are no relevant comments to make here that have not been made in previous years.

(5) *Hygienic conditions in schools.* There have been no great changes in this aspect since the last report.

(6) *Immunisation procedures.* The response to B.C.G. vaccination has been stimulating, about 75%-80% accepting the procedure at the first opportunity and several of the remainder taking the second opportunity which is normally offered."

Dr. T. HAYNES (Part of S.E. and S. Divisions) :

"(1) *The general health of the children* has been good on the whole throughout the year.

(2) *Physical condition.* There is a high incidence of dental caries found at routine school inspection, but there has seemed to be slightly less this year than last.

The common skin diseases found at routine medical inspections have been acne in the school leaving age group, and eczema commonly associated with asthma in all age groups. Vision defects are of very high incidence, and are most commonly found at the 11+ medical examinations. I feel that this is one point in favour of moving the 11+ medicals back to the last year in the junior schools. This has been done in four junior schools in this area thanks to the co-operation of senior and junior school Head Teachers. Defects found can be treated before the child gets into the senior school, and I think this is particularly important with regard to visual defects.

Upper respiratory tract infection associated with mild degrees of deafness is very common amongst the five year old children. The majority of these children show improvement one to two years after removal of the tonsils and adenoids. Minor degrees of speech defect as well as some more serious forms associated with cleft palate and palatal paralysis have been found on the area and the advent of a speech therapist at the Chaddesden clinic has been a great help. Cardiac murmurs are still a common finding at the routine medical inspection. In many cases these are associated with acute respiratory infections, and follow up has shown them to have disappeared in a few weeks. A smaller proportion are persistent, and ultimately have to be referred to the General Practitioner for further investigation. Hernia of the inguinal type is a not uncommon finding in the five year old groups and is often associated with undecended testes.

Orthopaedic disorders have been common findings in medical inspections this year. Flat feet in various degrees are the most common followed by hallux valgus and postural defects. The latter appear to be of a higher incidence amongst the girls. The type of shoe worn by most teen-age children is bad although there has been some improvement over the year.

Of psychological disorders, enuresis has been a common finding in five year old children of nervous disposition but it seems to stop after the first or second year at school. There is however a large proportion of cases persisting into later years and causing much unhappiness to the children.

(3) *Cleanliness* of pupils has been of very high standard except in the hard core of known cases.

(4) *School meals* remain a very essential service in this area where so many mothers, as well as fathers, go out to work all day. The *milk-in-schools scheme* I still think is a useful scheme, There is however, an ever increasing incidence of overfeeding rather than underfeeding in school children, with all its attendant evils, e.g. orthopaedic disorders and chestiness.

(5) *Hygienic conditions in schools* are good in the modern schools but poor in the old buildings. Cloakroom facilities are particularly bad in some schools where coats hang one on top of the other out of necessity, even when it is wet.

(6) *Infectious diseases.* There has been a low incidence of infectious disease this year. At the beginning of the year there were one or two cases of albuminuria occurring coincidentally with an increased incidence of streptococcal throat infections, in one infants and junior school. Because of the known association between the Type 12 haemolytic streptococcus and nephritis the children in both schools were throat swabbed and examined for albuminuria.

(7) *Immunisation* During the year immunisation against diphtheria has increased. At the beginning of the year every child in every school in the area was offered immunisation because of the cases which occurred in Derby. The acceptance rate was high but not 100%. Immunisation is now offered routinely at five years and ten years of age; the response is variable in the different parts of the area, but on the whole most of the entrants are done in the schools. There has been an increase in the number over the year done by the general practitioners before school entry.

(8) The relation between the National Health Service and School Health Service remains the same. I have been grateful for the help of the local Hospital service and the co-operation of the General Practitioners to overcome the difficulties bound to arise in any tripartite service."

Dr. A. M. HAMILTON (Part of S.E. Division) :

"(1) *General health and well-being.* Good on the whole but too many cases of neglected otitis media are still to be seen.

(2) *Physical condition.* A number of bad postures in the 11 year old group, particularly in tall children. Overweight children are still a problem.

(3) *Cleanliness.* A few cases of nits and one or two of impetigo have been seen.

(4) *School meals and Milk-in-schools.* Both these services continue to be useful; but it seems debatable as to whether such a large quantity of milk in the middle of the morning is really necessary for infants, and whether it does not in some cases take away their appetites for their dinner.

(5) H*ygienic condition of schools.* Some of the schools in Ilkeston are becoming less adequate than they were owing to rising numbers. Overcrowding has to be met by means of huts for class-rooms, and the heating and ventilating arrangements of these are not always ideal.

(6) *Infectious diseases.* The only exanthem this year has been a recent wave of chickenpox. However, severe colds and throat infections are endemic in all Infant Schools, leaving behind them a crop of sinusitis, otitis media and sometimes chronic bronchitis, which often persist unnoticed for many months until they become difficult to deal with satisfactorily.

(7) *Attendance of parents at S.M.I.'s.* This varies from one school to another; it is greatest at the infants schools and least at the examination of leavers.

(8) *Poliomyelitis immunisation* naturally rose this year with the occurrence of epidemics in other parts of England.

B.C.G. vaccination. The response is about the same as before : there has been no noticeable rise nor fall."

Dr. R. DEAN (Parts of S. and Mid. Division) :

"(1) *General health and well-being of the children.* The children as a whole are well-nourished and well-clothed. In the small number of cases of children from poor homes, the provision of school dinners is of great benefit.

(2) *The physical condition of the children.* The improvement noted in the last few years has been maintained.

The commonest defects were dental sepsis and visual defects.

(3) *The cleanliness of pupils* is very good. Only one case of lice infestation was seen.

(4) *The school meals and Milk-in-schools schemes* continue to give valuable service in health maintenance.

(5) *Hygiene in schools* is improving with the provision of more hot water supplies, new wash hand basins, redecorating, etc.

(6) *Infectious diseases.* Several small outbreaks of chicken pox and upper respiratory infections were noted in infant and junior schools, and one case of bovine-type ringworm is under treatment. Senior departments were comparatively free of infection with the exception of seven cases of plantar warts.

(7) *Immunisation procedures : Diphtheria immunisation.* A good response was obtained in infant and junior schools, and the valuable co-operation of head teachers is acknowledged.

Poliomyelitis immunisation sessions in Clinics have been well attended.

B.C.G. immunisation has shown an acceptance rate of about 70%.

An "open" case of tuberculosis occurred in a boy attending an infants/junior school. (This boy was already attending Derby Chest Clinic because of family history, and so was quickly detected by the Consultant in charge). All pupils were offered the Heaf tuberculin test, with 98% acceptance, and reactors were transported to Derby Chest Clinic for specialist examination. A second test on those negative to the first test was made after an interval of six weeks. At the Chest Clinic no evidence of active disease was found on X-ray examination of the twenty-seven positive reactors, this was in July 1961. A repeat X-ray is to be carried out early in 1962.

Small pox. Very few schools entrants have been vaccinated. Parents attending infant welfare clinics have been advised to consider this."

Dr. C. G. WOOLGROVE (Part of South Division) :

"(1) *The general health and well-being of the children* has on the whole been very satisfactory. The attendance of parents at routine examinations has continued to be good, especially with the entrant and great interest is shown in their well-being.

(2) *The physical condition of the children* is generally good and the majority of the children are well grown and sturdy. During the year two cases of diabetes occurred in school children in the area, both girls, aged respectively six and eleven years, the latter child being desperately ill by the time she was admitted to hospital. This would appear to be a warning, to be on the look-out for the development of such cases amongst school children, as they can be easily overlooked.

(3) *The cleanliness of the pupils* continues to be very satisfactory and reflects great credit on the parents concerned.

(4) *School meals* are well prepared and show variety. There is no doubt that they are of great help to families where the mother goes out to work, or the children have to travel some distance to school.

Milk-in-schools. This is of undoubted value to the children and most pupils enjoy it.

(5) *Hygienic conditions of schools* continue to be excellent, since all the schools in the area are of modern structure and design.

(6) *Infectious diseases.* During the year it proved necessary to swab all children and staff at one infant school, because of the occurrence of two cases of diphtheria in the area. I wish to thank the Headteacher and all her staff for their excellent help and co-operation in this matter. Fortunately all swabs were reported negative by the Public Health Laboratory Service, Derby.

In addition two cases of pulmonary tuberculosis were reported in school children, both girls, aged five and twelve years respectively. The class of the infants' school concerned was skin-tested with a hundred per cent co-operation of the children's parents. Only two positive skin tests were detected, and three were due to B.C.G. vaccination having been carried out at an earlier age. With regard to the Secondary Modern School, some ninety per cent of all pupils in the class were skin-tested, at the request of their parents, and where appropriate B.C.G. vaccination was performed. The single strongly positive case was referred to the Consultant Chest Physician at the Derby Chest Clinic. The subsequent X-ray was found to be normal.

(7) *Immunisation procedures : (a) Diphtheria immunisation.* The practice of offering primary immunisation and booster doses to children at school, particularly to the entrants, is welcomed by the parents. There is no doubt that this service does prevent a great deal of time and energy, on the part of parents, visiting the family practitioner.

(*b*) *Whooping cough vaccination.* It is encouraging to learn that the Ministry of Health are now supporting not only combined diphtheria and whooping cough vaccination for infants, but also 'triple' i.e., diphtheria, whooping cough and tetanus. There is no doubt that this procedure will minimize the number of injections given to infants.

(*c*) *Poliomyelitis vaccination.* The response to this vaccination continues to be good.

(*d*) *B.C.G. vaccination.* This scheme includes not only those children thirteen years of age, but also those who are older. The response has again been excellent, reaching in the case of some schools well over eighty per cent. My thanks are due to the Head-teachers and their staff, for their assistance in this very important campaign to give protection against tuberculosis.

(8) *Inter-relationship between the National Health Service and the School Health Service.* The co-operation between the general practitioners and the Local Health Authority Services continues to be excellent. Reports and correspondence received from hospitals and specialists are also very helpful.

(9) *Co-operation with the Youth Employment Service.* The practice of carrying out medical inspections of school leavers at the same time as the senior school is visited by the Youth Employment Service has continued. This ensures that parents are present, not only to discuss the future of their children with regard to employment matters, but also to receive an up to date report of the medical conditions of their children. Defects which are observed at this time can be remedied with the help of parents and the appropriate treatment arranged with the family practitioner.

(10) *Health Education.* During the year talks were given at Senior Schools on the danger of smoking cigarettes and use was also made of an American Film-Strip with commentary entitled "To Smoke or not to Smoke."

Health Education Films dealing with Dental Hygiene, Hygiene of the Skin, and Disease spread by Insects, were also made available to Senior Schools and were excellently received by both staff and pupils.

I would like to take this opportunity of thanking Dr. Corrigan and the staff of the Health Education Section, for their help and provision of film-strips and posters, etc."

Dr. J. W. CRAWSHAW (Part of South Division) :

"(1) *The general health and well-being* of the children is very good and this is shown by their activity and liveliness in school and at play.

(2) I have not seen any children who appeared to be suffering from insufficient food or clothing. The standard of *cleanliness* is high and I have seen no scabies or impetigo during the past year. There are still a few families who continue to have pediculosis

among their children but such families are becoming rare. Plantar warts are troublesome in Senior Schools and long treatment is frequently necessary.

(3) The *hygienic condition of the schools* is steadily improving as new schools are built and older schools are given additional buildings.

(4) *School meals and Milk-in-schools* probably play a large part in keeping the children fit as they provide the necessary protein and vegetables and avoid an excess of carbohydrates in the diet. The palatability of school meals seems to depend very largely on the degree of skill and enthusiasm of the Cook, where the meals are cooked on the school premises. Some schools provide meals that are excellent by any standards, but others do not succeed so well.

(5) *Immunisation* against diphtheria seems to be more popular since the outbreak of the disease in Derby last year.

The majority of children immunised for whooping cough are injected by the family doctors.

Very few children seem to have missed the poliomyelitis immunisation.

The response to the B.C.G. scheme seems to be improving and in some schools is very good.

Vaccination against Smallpox is at a very low ebb in most districts.

(6) The family Doctors are very helpful and co-operative when I write to them about defects in their child patients.

Hospitals reports are very useful, especially those from the Burton-on-Trent General Hospital."

Dr. M. ALLAN (Part of South Division) :

"(1) *General health and well-being*. From seeing the children in the classrooms, on the playgrounds and playing fields, and from the observations of ordinary medical inspections, it is quite obvious that the children's health is very good.

(2) *Physical condition of the children.* I see very few children who can be classified in category "U" and these are usually suffering from some form of illness. There is no doubt that the good health and high standard of nutrition is, in great measure, due to good home care.

(3) *Cleanliness of the pupils.* I have seen few cases of impetigo, a few children with nits, but unfortunately this year five cases of school children with scabies. These scabies cases were dealt with at the Clinic and the families concerned were dealt with by the District Councils.

(4) *School meals.* It is quite pleasing to see such attractive school meals, and I am sure this cannot be achieved without a great deal of thought and care and imaginative planning on the part of the kitchen staff.

(5) *Hygienic conditions of schools.* A good deal of repair and replacement work has been done in the schools and much outside and inside decorating which make a very great difference both to teachers and scholars. In the older type of school more attention could be paid to the accommodation, including toilets for the teachers.

(6) *Infectious diseases.* There was no epidemic throughout the year, but as usual there was a good deal of chicken-pox and mumps which interfered with school attendance.

(7) *Immunisation procedures :* (i) *Diphtheria immunisation* picked up following the very active interest in Poliomyelitis Vaccination. The recent introduction of triple vaccine to the Clinics will give a further impetus to diphtheria immunisation.

For the booster, or reinforcing doses, I get an excellent response from the school entrants, and I have had the utmost assistance from the school teachers.

(ii) The parents have readily accepted *Poliomyelitis Vaccination* and of course, now that it can be done on demand at the ordinary Clinics this will make it much easier for the parents and the children.

(iii) The *whooping cough vaccination* continues to be popular.

(iv) *B.C.G. Vaccination*—In carrying out these vaccinations I have had every assistance from the Head Teachers, and I have had excellent response at the Schools. There have been very few troublesome reactions, and in dealing with the few cases I have had the utmost co-operation from the General Practitioners.

(8) *Co-operation between National Health Service and School Health Service.* The co-operation continues steadily between the Local Authority Health Services and the General Practitioners of the area and the local Hospital letters are very valuable and save a lot of correspondence with General Practitioners and the Hospitals."

Dr. M. M. STEVENS (Part of South Division) :

The general health and well being of pupils is good.

The physical conditions and cleanliness at routine inspections is most satisfactory—running ears are conspicuous by their absence, a fact which must be attributed to the early use of antibiotics.

Parental attendance. This is about 100% at the entrance examination but in the later stages attendance with daughters outnumbers those attending with sons.

Infectious diseases. Commonest one seen—influenzal type of cold accompanied by nasal catarrh and bronchitis of two weeks duration.

Immunisation : Diphtheria—This has been greatly helped by the practice of schools giving the consent form to parents at the time of admission of the young entrant.

Poliomyelitis. Very good response to immunisation.

B.C.G. Demand for this is increasing.

Smallpox. Less than 6% appear to be vaccinated against this disease."

Dr. M. TISDALL (Part of South Division) :

"(1) *The general health and well-being of the children* is good : and with few exceptions they are obviously receiving good care at home, physically and emotionally.

(2) *Physical condition of the children :* it is rare to see an "unsatisfactory" child but common to see those too well or unwisely fed suffering from moderate to severe degrees of obesity.

(3) *Cleanliness of pupils.* I have seen two families with pediculosis and the contacts of a family with scabies.

(4) *School meals and milk.* The meals are of a high standard and increasingly popular; a high proportion of children take milk.

(5) *Lighting and sanitation* are not entirely satisfactory in some of the older schools. At modern schools the parents complained that the overheating aggravated the high incidence of catarrh and colds among the infants.

(6) *Attendance of parents.* Parents attended well, particularly when given the opportunity to attend at "re-exam" despite the minor character of many of the examinations. Their presence was very helpful at the re-examinations when accurate report on progress was not available from the child or teacher.

(7) *Immunisations : Diphtheria :* Most schools showed a good response.

Tetanus : There were several requests for this."

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. H. Bailey, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

"The general standard of health and well-being of the school children has remained very high. Most of the children were found to be well cared for, well clothed, confident and alert, and happy in school life.

The physical condition of pupils of all ages examined was found to be very good indeed. Of the 3,611 children examined only 26, or 0.72% were classed as unsatisfactory. Of the total pupils examined 529 were found to require treatment. A large proportion of the defects found were defective vision—these have been increasing over the past few years. It is hoped that the arrangements made

for more frequent examinations of vision amongst infants will eventually see a reduction in eye defects. The incidence of infestation with vermin was very low. The School Nurses carried out 26,755 examinations and only 134 individual pupils were found to be infested, all very slightly.

The co-operation of parents at school medical inspections has again been most pleasing; the attendance of parents at the routine medical examinations was very good, and in the main they showed great interest in the welfare of their children. There are still, however some uninterested parents who allow their children to be examined unaccompanied on entering school.

The placing of handicapped pupils continued to preoccupy the School Health Service. Two pupils were admitted to residential special schools during the year and at the end of the year there were 15 children in residential special schools. The largest group of handicapped children belong to the educationally subnormal group, and although some attend the Ashgate Croft Day School for E.S.N. Children, the number of places there allocated to the Borough is inadequate. The fact that the Borough School Medical Officer is also responsible for the Health and Welfare services in the Borough makes for close co-ordination. The Hospital Authorities co-operate most excellently in connection with the treatment of children referred by the School Medical Officers, and also in the notification of children requiring follow-up on discharge from hospital after treatment. It is pleasing to report also that there is an excellent relationship between the department and the General Practitioners in the town.

Brambling House Open Air School, the Children's Centre and Holly House Hostel continued to function as in previous years, as did also the Heart School established in the Ashgate Annexe Ward, and the Home Teacher scheme.

After a ten month lapse, Speech Therapy recommenced in September. Since then every case on current record has been reviewed, categorised accordingly and treatment sessions arranged. These are held regularly at the Town Hall and Edmund Street Clinics. Speech Therapy is also given at Brambling House School and at the Ashgate Croft School for Educationally Subnormal Children. At Ashgate Croft time permits regular treatment for only a few of the 30-40 cases in need of Speech Therapy, but daily exercises for those with less severe defects, under the guidance of the Headmaster (initially advised and instructed by the Speech Therapist), are helping these children considerably. Several have been discharged from the files with satisfactory speech. Monthly school visits are arranged; the co-operation of teachers is greatly appreciated, particularly in cases where parents are not co-operating to help the child overcome his defect.

It cannot be over-emphasised to parents, the importance of encouraging their children to take advantage of advice and treatment when it is available and before defective speech becomes too distressing and more firmly fixed.

A Teaching Unit for the Partially Deaf which caters for both County and Borough children has been set up at the New Whittington Primary School. There is one Trained teacher of the Deaf on the staff, who is also responsible for peripatetic work in the northern part of the County. This Teacher, together with a School Medical Officer from the Borough, carries out assessments of the hearing of children referred to them from various sources, such as General Practitioners, School Medical Officers, Health Visitors, Teachers etc.

Recommendations are made as to the proper disposal of these children. Some are not deaf and no action is required. Others are partially deaf and may need to be admitted to the Unit, usually after being referred through the family Doctor to an Ear, Nose and Throat Surgeon, as a hearing aid is almost invariably required. In addition some children need treatment for active conditions. Other children may manage at ordinary schools, equipped with a hearing aid if necessary, and visited from time to time, as required, by the peripatetic teacher. The service of assessment is available for pre-school children, where it is particularly important that any deafness should be detected and its degree ascertained. It has been found necessary always to have two trained persons present at any ascertainment clinic, as it is more difficult with the pre-school child and toddler for one person to make an ascertainment. Such children are often unable to tolerate a formal audiometric test, and other means have to be employed.

The work of the School Dental Service was seriously curtailed owing to the retirement at the end of February of Mr. A. R. Littlar, our long serving School Dental Officer, and no appointment has been made at the end of the year."

APPENDIX

TABLES OF THE MINISTRY OF EDUCATION

Medical Inspection and Treatment—Return for the year ended 31st December, 1961—Local Education Authority, Derbyshire
Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1962, 118,552

PART 1—**Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).**

TABLE A—**PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		*Unsatisfactory*	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	2,672	2,654	99.33	18	.67
1956	4,391	4,381	99.77	10	.23
1955	2,011	2,005	99.70	6	.30
1954	642	634	98.75	8	.25
1953	526	521	99.05	5	.95
1952	1,664	1,649	99.10	15	.9
1951	1,241	1,231	99.11	10	.89
1950	3,794	3,770	99.36	24	.64
1949	4,569	4,547	99.52	22	.48
1948	1,331	1,328	99.77	3	.23
1947	2,851	2,845	99.79	6	.21
1946 and earlier	4,263	4,250	99.69	13	.31
Total	29,955	29,815	99.54	140	.46

TABLE B.—**PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin).**

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1957 and later	61	298	336
1956	61	447	491
1955	68	260	314
1954	26	96	115
1953	43	60	102
1952	155	191	300
1951	117	141	256
1950	313	362	665
1949	421	466	832
1948	144	138	267
1947	231	254	485
1946 and earlier	415	485	878
Total	2,055	3,198	5,041

TABLE C.—**OTHER INSPECTIONS**

Number of Special Inspections ..	2,865
Number of Re-inspections ..	6,641
Total	9,506

TABLE D.—INFESTATION WITH VERMIN

All cases of infestation, however slight, are included—

(*a*)	Total number of individual examinations of pupils by school nurses or other authorised persons	249,121
(*b*)	Total number of individual pupils found to be infested	1,730
(*c*)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(*d*)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II—DEFECTS FOUND BY MEDICAL INSPECTIONS DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

(All defects, including defects of pupils at Nursery and Special Schools noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O)).

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS			
			Entrants	*Leavers*	*Others*	*Total*
4	Skin	T	124	251	126	501
		O	119	111	60	290
5	Eyes—a. Vision	T	487	603	965	2,055
		O	403	464	464	1,331
	b. Squint	T	185	65	83	333
		O	65	54	38	157
	c. Other.....	T	42	31	40	113
		O	24	24	22	70
6	Ears—a. Hearing	T	57	34	35	126
		O	107	31	73	211
	b. Otitis Media	T	32	27	20	79
		O	83	50	37	170
	c. Other.....	T	11	22	10	43
		O	31	26	25	82
7	Nose and Throat	T	233	62	51	336
		O	621	117	183	921

8	Speech	T	39	8	46	93
		O	86	29	33	148
9	Lymphatic Glands	T	7	1	2	10
		O	198	32	48	278
10	Heart	T	16	12	11	39
		O	81	73	48	202
11	Lungs	T	91	39	61	191
		O	263	120	89	472
12	Developmental—a. Hernia	T	21	5	2	28
		O	43	23	15	81
	b. Other	T	11	15	25	51
		O	97	40	57	194
13	Orthopaedic—a. Posture	T	27	55	49	131
		O	55	84	46	185
	b. Feet	T	111	183	75	369
		O	179	148	115	442
	c. Other.....	T	62	64	96	222
		O	155	145	115	415
14	Nervous System—a. Epilepsy	T	15	15	16	46
		O	15	15	12	42
	b. Other	T	12	12	9	33
		O	36	15	15	66
15	Psychological—a. Development	T	13	24	46	83
		O	61	40	101	202
	b. Stability	T	34	23	68	125
		O	187	63	76	326
16	Abdomen	T	8	15	12	35
		O	38	20	23	81
17	Other	T	171	108	94	373
		O	153	140	129	421

PART II—Defects found by Medical Inspection during the year

TABLE B—SPECIAL INSPECTIONS

(All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspection, are included in this Table, whether or not they were under treatment or observation at the time of the inspection.)

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	62	34
5	Eyes—a. Vision ..	380	502
	b. Squint ..	48	23
	c. Other ..	46	10
6	Ears—a. Hearing ..	23	51
	b. Otitis Media	25	24
	c. Other ..	11	20
7	Nose and Throat ..	55	79
8	Speech	20	38
9	Lymphatic Glands ..	4	20
10	Heart	7	60
11	Lungs	4	74
12	Developmental—		
	a. Hernia ..	1	8
	b. Other.. ..	19	35
13	Orthopaedic—		
	a. Posture ..	14	15
	b. Feet	25	38
	c. Other.. ..	38	90
14	Nervous System—		
	a. Epilepsy ..	30	10
	b. Other.. ..	13	19
15	Psychological ..		
	a. Development	20	82
	b. Stability ..	53	57
16	abdomen	11	13
17	Other	83	92

PART III TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Nursery and Special Schools).

This part of the return gives the total numbers of :—

(i) cases treated or under treatment during the year by members of the Authority's own staff;

(ii) cases treated or under treatment during the year in the Authority's school clinics under the National Health Service arrangements with the Regional Hospital Board; and

(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	139
Errors of refraction (including squint).. ..	7,840
Total	7,979
Number of pupils for whom spectacles were prescribed	4,896

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	7
(*b*) for adenoids and chronic tonsillitis ..	321
(*c*) for other nose and throat conditions	41
Received other forms of treatment	137
Total	506
Total number of pupils in schools who are known to have been provided with hearing aids—	
(*a*) in 1961	3
(*b*) in previous years	33

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments	1,634
(*b*) Pupils treated at school for postural defects	42
Total	1,676

TABLE D.—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	—
Scabies	5
Impetigo	16
Other skin diseases	236
Total	257

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	575

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	163

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	1,080
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.G.C. vaccination	4,741
(*d*) Other than (*a*), (*b*) and (*c*) above Please specify : Sunray treatment	138

PART IV

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :—			
	(*a*) At Periodic Inspections	16,143	Total (1)	19,491
	(*b*) As Specials	3,348		
(2)	Number found to require treatment			14,884
(3)	Number offered treatment			12,646
(4)	Number actually treated			7,757
(5)	Number of attendances made by pupils for treatment, including those recorded at 11 (*h*) ..			13,829
(6)	Half days devoted to :			
	(*a*) Periodic (School) Inspection	121	Total (6)	1,993
	(*b*) Treatment	1,872		
(7)	Fillings :			
	(*a*) Permanent Teeth ..	5,738	Total (7)	6,111
	(*b*) Temporary Teeth ..	373		
(8)	Number of Teeth filled :			
	(*a*) Permanent Teeth ..	4,966	Total (8)	5,332
	(*b*) Temporary Teeth ..	366		
(9)	Extractions :			
	(*a*) Permanent Teeth ..	2,899	Total (9)	10,969
	(*b*) Temporary Teeth ..	8,070		
(10)	Administration of general anaesthetics for extraction			3,954

(11)	Orthodontics :			
	(*a*) Cases commenced during the year			91
	(*b*) Cases brought forward from previous year			26
	(*c*) Cases completed during the year			72
	(*d*) Cases discontinued during the year ..			6
	(*e*) Pupils treated by means of appliances ..			90
	(*f*) Removable appliances fitted			100
	(*g*) Fixed appliances fitted			—
	(*h*) Total attendances			492
(12)	Number of pupils supplied with artificial teeth			60
(13)	Other operations :			
	(*a*) Permanent Teeth ..	1,952	Total (13)	3,832
	(*b*) Temporary Teeth ..	1,880		

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